



THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer

FRED LEAF
Chief Operating Officer

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-8101

BOARD OF SUPERVISORS

Gloria Molina
First District

Yvonne Brathwaite Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

October 20, 2005

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**ACCEPTANCE OF MATERNAL AND CHILD HEALTH ALLOCATION
FOR FISCAL YEARS 2004-05 THROUGH 2006-07 AND APPROVAL OF AMENDMENTS NO. 1
WITH GREAT BEGINNINGS FOR BLACK BABIES, INC. AND THE CHILDREN'S
COLLECTIVE, INC. FOR THE BLACK INFANT HEALTH PROGRAM
(All Districts) (3 Votes)**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Accept the attached Maternal and Child Health (MCH) Allocation No. 200419, Exhibit I, approving the Department of Health Services' MCH Allocation Plan and Budgets for Fiscal Years (FYs) 2004-05 through 2006-07 from the California Department of Health Services (CDHS) in the amount of \$6,082,629 consisting of \$4,004,827 for MCH and \$2,077,802 for Black Infant Health (BIH).
2. Delegate authority to the Director of Health Services, or his designee, to accept MCH Allocations for MCH and BIH through June 30, 2007 and increases or decreases that do not exceed 15% of the FY 2004-05 Allocation, contingent upon review and approval by County Counsel and notification to the Board.
3. Approve and instruct the Director of Health Services, or his designee, to sign Amendment No. 1 to Agreement No. H-700540 with Great Beginnings for Black Babies, Inc. (GBBB), substantially similar to Exhibit II, to increase the maximum obligation by \$193,042 from \$315,170 to \$508,212 for FYs 2005-06 and 2006-07, effective date of Board approval, 100% offset by State funding.
4. Approve and instruct the Director of Health Services, or his designee, to sign Amendment No. 1 to Agreement No. H-700539 with The Children's Collective, Inc. (TCC), substantially similar to Exhibit III, to increase the maximum obligation by \$122,128 from \$367,810 to \$489,938 for FYs 2005-06 and 2006-07, effective date of Board approval, 100% offset by State funding.

5. Delegate authority to the Director of Health Services, or his designee, to execute Amendments with the current BIH contractors, substantially similar to Exhibit IV, to increase or decrease their maximum obligations for FYs 2005-06 and 2006-07 to accommodate available State funding levels, and to reallocate funds among existing BIH contractors as necessary to ensure continuity of services, not to exceed available State funding, upon approval by County Counsel and notification to the Board.

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTIONS:

Board approval of the requested actions will allow the Department of Health Services (DHS or Department) to continue efforts to implement the Countywide MCH/BIH program goals of improving health care for women of childbearing age, pregnant and parenting women, and children and their families and to reduce African American infant mortality by assuring access to quality MCH services. Delegated authority to sign any future CDHS allocations, amendments to the allocations, and reallocation among current providers, e.g., the recommended increases to GBBB and TCC, will expedite the use of State funds.

FISCAL IMPACT/FINANCING:

The MCH Allocation for FY 2004-05 is \$6,082,629, consisting of \$4,004,827 for MCH and \$2,077,802 for BIH, of which \$1,700,000 is allocated to the five BIH subcontract Agreements.

Amendment No. 1 with GBBB will augment the original contract amount by \$193,042 increasing the total allocation from \$315,170 to \$508,212 for FY 2005-06, 100% offset by State funds. Amendment No. 1 with TCC will augment the original contract amount by \$122,128 increasing the total allocation from \$367,810 to \$489,938 for FY 2005-06, 100% offset by State funds. Both Agreements provide for a 12-month automatic renewal at the same level of funding contingent upon State funding.

Funding is included in the FY 2005-06 Final Budget and will be requested in future fiscal years, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

For a number of years, the Board has authorized continuation of MCH Program activities supported by State funding.

State MCH Funding

On June 15, 2004, the Board delegated authority to the Director of Health Services to accept the CDHS FY 2004-05 MCH Standard Agreement. On August 24, 2004, the Department received MCH Allocation No. 200419 approving the Department's MCH Allocation Plan and Budgets for FYs 2004 through 2007 for the administration of MCH Programs. The Department anticipated the issuance of a State Standard Agreement but has now been informed that the three-year allocation approval letter from the State is all that is necessary for the Department to receive MCH funding. Accordingly, the Department is requesting delegated authority to accept each FY award and subsequent increases or decreases for the three-year period covered by the State's approval, effective for FYs 2004 through 2007.

Service Agreements

Since 1997, the Department has entered into Agreements with GBBB and Harbor UCLA Research and Education Institute, Inc. (REI) to reduce African-American infant mortality and its underlying causes by assuring that at-risk pregnant and parenting African American women and their infants have access to quality MCH services.

On June 15, 2004, the Board approved the following six Agreements, selected during a Request for Proposal (RFP) process, to continue BIH services through June 30, 2007: 1) GBBB, 2) TCC, 3) REI, 4) Mission City Community Network, 5) Prototypes, Centers for Innovation in Health, Mental Health and Social Services, and 6) Public Health Foundation Enterprises/First Missionary Baptist Church.

On May 5, 2005, REI notified the Department in writing that they elected to discontinue their BIH services contract effective June 30, 2005. To ensure the clients within REI's geographic areas of SPAs 6 and 8 continue to be served, the Department is requesting approval to redistribute REI's allocation and client caseload between GBBB and TCC. Both agencies currently provide BIH services in SPAs 6 and 8. The staff of GBBB and TCC met with REI staff and agreed to a transition plan to ensure that active client cases do not have a lapse in service.

Approval of Amendments No. 1 for GBBB and TCC will augment each Agreement, effective date of Board approval through June 30, 2006, with an automatic renewal through June 30, 2007, contingent upon State funding.

The Amendments, Exhibits II, III, and IV, include the recently approved Board-mandated language regarding Nonprofit Contractor Requirements (SB 1262) and the latest Contractor Responsibility and Debarment language.

County Counsel has reviewed Exhibits I through IV as to form.

Attachment A provides additional information.

CONTRACTING PROCESS:

On March 8, 2004, DHS released an RFP for agencies interested and qualified to provide BIH services under contract with the County. Six agencies were selected and awarded Agreements to provide services from July 1, 2004 through June 30, 2007. Only REI, GBBB and TCC submitted bids to provide services in SPAs 6 and 8 as a part of the RFP process.

IMPACT ON CURRENT SERVICES (OR PROJECTS):

Funding provided by CDHS will allow DHS to continue to provide MCH services to improve health care for women of childbearing age, children, adolescents, and their families.

The Honorable Board of Supervisors
October 20, 2005
Page 4

When approved, the Department requires three signed copies of the Board's action.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Thomas L. Garthwaite".

Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

TLG:iw:skd

Attachments (4)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

MCHBIH.SKD.wpd

SUMMARY OF AGREEMENTS

1. **TYPE OF SERVICES:**

Maternal and child health services to improve health care for women of childbearing age, children, adolescents and their families, and to improve the health care of African American mothers and their children.

2. **AGENCIES/CONTACT PERSONS:**

California Department of Health Services
Maternal and Child Health Branch
714 "P" Street, Room 740
Sacramento, California 94234-7320
Attention: Susan J. Steinberg, M.D., Acting Chief
Telephone: (916) 657-1347

Subcontracts:

Great Beginnings for Black Babies, Inc. (GBBB)
3311 West Manchester Ave, Suite 301
Inglewood, California 90305
Attention: Zola Jones, Executive Director
Telephone: (323) 789-7955
Facsimile: (323) 789-7960

The Children's Collective, Inc. (TCC)
5870-C West Jefferson Blvd.
Los Angeles, California 90016
Attention: Dr. Jackie Kimbrough, Executive Director
Telephone: (310) 733-4388
Facsimile: (310) 733-4320

3. **TERM OF AGREEMENTS:**

The Maternal and Child Health (MCH) Allocation from the State is for consecutive years beginning Fiscal Year (FY) July 1, 2004 through June 30, 2007.

Amendments No. 1 to Agreement No. H-700540 with GBBB and Agreement No. H-700539 with TCC do not change the expiration date of June 30, 2007.

4. **FINANCIAL INFORMATION:**

The MCH Allocation for FY 2004-05 is \$6,082,629, consisting of \$4,004,827 for MCH and \$2,077,802 for BIH, of which \$1,700,000 is allocated to the five BIH subcontract Agreements.

Amendment No. 1 with GBBB will augment the original contract amount by \$193,042 increasing the total allocation from \$315,170 to \$508,212, 100% offset by State funding. Amendment No. 1 with TCC will augment the original contract amount by \$122,128 increasing the total allocation from \$367,810 to \$489,938, 100% offset by State funding. Both Agreements provide for a 12-month automatic renewal at the same level of funding contingent upon State funding.

Funding is included in the FY 2005-06 Final Budget and will be requested in future fiscal years, as necessary.

5. **GEOGRAPHIC AREA TO BE SERVED:**

Countywide

6. DESIGNATED ACCOUNTABLE FOR PROJECT MONITORING:

Jonathan E. Fielding, M.D., M.P.H., Medical Director, Public Health

7. APPROVALS:

Public Health: John F. Schunhoff, Ph.D., Chief of Operations

Contracts and Grants Division: Cara O'Neill, Chief, Contracts and Grants

County Counsel (approval as to form): Eva Vera, Senior Deputy County Counsel

BLETMCH:iw:skd 10/13/05



SANDRA SHEWRY
Director

State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

August 12, 2004

Ms. Cynthia Harding
MCH Director
Los Angeles County Health Department
313 North Figueroa Street, Room 806
Los Angeles, CA 90012

Dear Ms. Harding:

MATERNAL AND CHILD HEALTH (MCH) ALLOCATION #200419

The MCH Branch of the Department of Health Services (DHS) approves your Agency's three (3) year MCH Allocation Plan and Budgets for fiscal years (FY) 2004/07 for the administration of the MCH Programs.

To carry out the program outlined in the enclosed MCH Allocation Plan and Budget, during the period of July 1, 2004, through June 30, 2005, the MCH Branch will reimburse expenditures up to the following amounts:

Maternal and Child Health Program	\$ 4,004,827
Black Infant Health Program	\$2,077,802

Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to the State MCH Program and adherence to all applicable regulations, and adherence to DHS MCH Branch policies and procedures, which may be accessed at www.mch.dhs.ca.gov.

Please ensure that all necessary individuals within your Agency are notified of this approval and that the enclosed documents are carefully reviewed. This approval letter constitutes a binding agreement.

RECEIVED AUG 24 2004

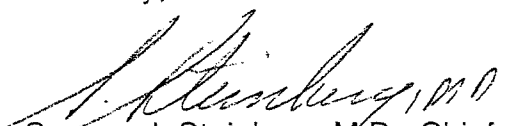
Ms. Cynthia Harding

Page 2

August 12, 2004

If any of the information contained in the enclosed MCH Allocation Plan and Budget is incorrect or different from that negotiated, please contact your Contract Manager, Amber Delgado, at (916) 650-0340 within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,



Susann J. Steinberg, M.D., Chief
Maternal and Child Health Branch

Enclosures

cc: Chair, Board of Supervisors
Los Angeles County Health Department
313 North Figueroa Street, Room 806
Los Angeles, CA 90012

Amber Delgado
Operations Section
Maternal and Child Health Branch
1615 Capitol Ave., MS 8305
P.O. Box 997420
Sacramento, CA 95899-7420

916-650-
0289
Amber
Delgado

Joyce Weston
Program Consultant
Maternal and Child Health Branch
1615 Capitol Avenue, MS 8306
P.O. Box 997420
Sacramento, CA 95899-7420

Janet Baisden
BIH Program Consultant
1615 Capitol Avenue, MS 8306
P.O. Box 997420
Sacramento, CA 95899-7420

I. BUDGET SUMMARY PAGE FY: 2004-05

Budget Revision Number: Original

Title V Balance Total Balance

Base MCF 0.5 % Personnel Matched 56.94%

Program:		MCH Maternal and Child Health															
Agency:		County of Los Angeles															
Agreement No.:		200419															
EXPENSE CATEGORY	(1)																
(I) PERSONNEL	8,005,612	TOTAL FUNDING	(2)	(3)	(4)	(5)	(6)	(7)									
(II) OPERATING EXPENSES	528,667	1.16%	93,056	Federal Title V	%	State General Funds	%	Local Revenue	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
(III) CAPITAL EXPENDITURES		12.79%	67,630	6.61%	34,940	24.01%	126,950	15.95%	84,335	36.69%	193,979	0.00%					
(IV) OTHER COSTS	676,234	0.32%	2,153				42.74%	289,054									
(V) INDIRECT COSTS	566,445	41.03%	232,422														
TOTALS*	9,776,958	4.04%	395,261	0.36%	34,940	36.89%	3,606,389	4.28%	418,358	34.17%	3,340,963	0.00%	3	20.26%	1,981,045		
		(110% MAX)															
		10.00%															

Maximum Amount Payable from State and Federal resources: 4,004,827

Total Title V	395,261	Budgeted	395,261	Balances	0	% of Budget	4%
Total State General Funds	244,120		244,120		0		2%
Total Agency General Fund			5,772,132		n/a		59%
Total Matching Title XIX			3,365,447		n/a		34%
Totals	639,381		9,776,959		0		100%

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCH ADMINISTRATIVE AND PROGRAM POLICIES.

Cynthia A. Hardy
MCH PROJECT DIRECTOR'S SIGNATURE

7/1/04
DATE

Amisha B. Bhanu
AGENCY FISCAL AGENT'S SIGNATURE

6/29/04
DATE

* These amounts contain local revenue submitted for information and matching purposes. MCH does not reimburse Agency contributions.

EXPENSE CATEGORY	MCH-TV		MCH-GF		MCH-N		MCH-E		CNTY-E	
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	%	Federal Title V	%	State General Funds	%	Local Revenue	%	Combined Fed/State	%	Combined Fed/Agency
(I) PERSONNEL	1.16%	93,056								1,470,161
(II) OPERATING COSTS	12.79%	67,630	6.61%	34,940	24.01%	126,950	15.95%	84,335	36.69%	96,990
(III) CAPITAL EXPENDITURES										15,623
(IV) OTHER COSTS	0.32%	2,153								
(V) INDIRECT COSTS	41.03%	232,422								192,514
Totals for PCA Codes **		395,261		34,940		418,358		334,023		1,670,463

Program: MCH Maternal and Child Health		UNMATCHED FUNDING				NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	County of Los Angeles	MCH-TV		MCH-GF		AGENCY		MCH-N		CNTY-N		MCHE	
Agreement No.:	200419	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
EXPENSE CATEGORY	TOTAL FUNDING	%	Federal Title V	%	State General Funds	%	Local Revenue	%	Combined Fed/State	%	Combined Fed/Agency	%	Combined Fed/Agency
	64,638												
II. OPERATING EXPENSES WORKSHEET													
TOTAL OPERATING EXPENSES	528,667		67,630		34,940		126,950		84,335		193,979		20,831
TRAVEL	55,881	0.00%				39.86%	22,274	0.01%	4	36.10%	20,173	0.00%	3
TRAINING	30,234	0.00%				41.01%	12,400			34.50%	10,431		3
1 GENERAL EXPENSE - MCAH	166,237	17.06%	28,365	8.00%	13,299	18.00%	29,923	20.00%	33,247	36.94%	61,403		24.03%
2 SPACE RENATAL - MCAH	255,416	15.08%	38,473	8.00%	20,433	20.00%	51,083	20.00%	51,083	36.94%	94,343		24.49%
3 CHILDREN'S PLANNING COUNCIL	2,000	39.60%	792	60.40%	1,208								
4 CA HOSPITAL MED CENT ADMINISTRATION-NFP	5,000					43.06%	2,153			56.94%	2,847		56.94%
5 CELLULAR PHONES - NFP	2,000					100.00%	2,000						56.94%
6 PROGRAM SUPPLIES - NFP	5,400					43.06%	2,325			56.94%	3,075		56.94%
7 OFFICE SUPPLIES -NFP	3,500					100.00%	3,500						56.94%
8 COMPUTER/PRINTER Equipment - NFP	998					43.06%	430			56.94%	569		56.94%
9 HEALTH SUPPLIES - NFP	1,000					43.06%	431			56.94%	569		56.94%
10	1,000					43.06%	431			56.94%	569		56.94%
11													56.94%
12													56.94%
13													56.94%
14													56.94%
15													56.94%
IV. OTHER COSTS WORKSHEET													
TOTAL OTHER COSTS	676,231		2,153				289,054				385,027		
SUBCONTRACTS													
1 UNIVERSITY OF COLORADO	7,560					43.06%	3,256			56.94%	4,304		56.94%
2													56.94%
3													56.94%
4													56.94%
5													56.94%
6													56.94%
7													56.94%
8													56.94%
OTHER CHARGES													
OTHER INDIRECT	1,230,119												
1 Computer Equipment - MCAH	663,674												
2	5,000	43.08%	2,153							56.94%	377,876		56.94%
3										56.94%	2,847		56.94%
4													56.94%
5													56.94%
6													56.94%
7													56.94%
8													56.94%

Program: JCHMTHHEALTHBRANCH		MCH Maternal and Child Health		7/1/04-6/30/05		NON - ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency: County of Los Angeles		MCH-GF		AGENCY		MCH-N		MCH-E			
Agreement No.: 200419		(3)		(7)		(9)		(13)		(15)	(17)
EXPENSE CATEGORY		%		%		%		%		Combined Fed/Agency	Combined Fed/Agency
		(4)		(5)		(6)		(8)		(10)	(11)
		%		%		%		%		Combined Fed/Agency	Combined Fed/Agency
		(2)		(3)		(4)		(5)		(6)	(7)
		%		%		%		%		Local Revenue	Local Revenue
		(1)		(2)		(3)		(4)		(5)	(6)
		TOTAL FUNDING		Federal Title V		State General Funds		%		Combined Fed/Agency	Combined Fed/Agency

I. PERSONNEL WORKSHEET													
TOTAL PERSONNEL COSTS													
BENEFIT RATE		8,005,612		93,056		3,190,385		2,761,957		1,960,214			
ACTUAL BENEFITS		2,341,158		28,418		930,804		800,477		581,459			
TOTAL WAGES		5,664,454		64,638		2,259,581		1,961,480		1,378,754			
INITIALS		TITLE OR CLASS.		% FTE		ANNUAL SALARY						MCF Per Staff	
1	NK	Accountant II	100.00%	46,819			47.70%	22,333	52.30%	24,487			52.30%
2	LT	Admin Asst II ADM	100.00%	50,140			47.70%	23,917	52.30%	26,223			52.30%
3	KL	APS, PHN CAH	100.00%	70,111	0.00%		47.70%	33,443	15.00%	10,517	37.30%	26,151	52.30%
4	LE	APS, PHN CPSP	100.00%	70,111	0.00%		5.00%	3,506	15.00%	10,517	80.00%	56,089	95.00%
5	JF	APS, PHN CPSP	100.00%	70,111	0.00%		5.00%	3,506	15.00%	10,517	80.00%	56,089	95.00%
6	Vac	APS, PHN CPSP	100.00%	70,111	0.00%		5.00%	3,506	15.00%	10,517	80.00%	56,089	95.00%
7	OA	APS, PHN CPSP	100.00%	70,111	0.00%		5.00%	3,506	15.00%	10,517	80.00%	56,089	95.00%
8	Vac	APS, PHN PCG	100.00%	70,111			36.00%	25,240	30.00%	21,033	34.00%	23,838	64.00%
9	VR	APS, PHN - NFP	100.00%	70,111			36.00%	25,240	30.00%	21,033	34.00%	23,838	64.00%
10	vac	Chief Physician II MCH	100.00%	67,314			47.70%	32,109	52.30%	35,205			52.30%
11	RS	Chief Physician I MCH-I	100.00%	189,277	0.00%		47.70%	90,285	42.30%	80,664	10.00%	18,928	52.30%
12	SG	Clin.SW Cnsl CAH-ncc	100.00%	70,628	0.00%		47.70%	49,440	20.00%	14,126	10.00%	7,063	52.30%
13	Vac	Clin SW Consultant CP	100.00%	70,628			5.00%	3,531	15.00%	10,594	80.00%	56,502	95.00%
14	LW	Clin SW Cnsl -CAH	100.00%	63,565			47.70%	30,321	32.30%	20,532	20.00%	12,713	52.30%
15	CN	Epi Analyst REP	100.00%	49,766			47.70%	23,739	52.30%	26,028			52.30%
16	DL	Epidmiologist REP	100.00%	68,065			47.70%	32,467	52.30%	35,598			52.30%
17	AA	Health Ed. Asst. CPSP	100.00%	39,290			5.00%	1,964	95.00%	37,325			95.00%
18	SC	Info System Sys. Ana. I	100.00%	58,417			47.70%	27,865	52.30%	30,552			52.30%
19	CG	Info Sys. Ana. II REP	100.00%	58,417			47.70%	14,379	52.30%	15,765			52.30%
20	SS	Intl. Typist Clerk REP-ncc	100.00%	30,144			47.70%	14,768	52.30%	16,192			52.30%
21	SP	Intl. Typist Clerk - ADM	100.00%	30,959			36.00%	10,852	64.00%	19,292			64.00%
22	LE	Intl. Typist Clerk-NFP	100.00%	30,144			36.00%	10,852	64.00%	19,292			64.00%
23	SW	Intl. Typist Clerk-NFP	100.00%	30,144			36.00%	10,852	64.00%	19,292			64.00%
24	GC	Intl. Typist Clerk-PCG	100.00%	30,144			36.00%	10,852	64.00%	19,292			64.00%
25	AE	Intl. Typist Clerk-CHInc	100.00%	30,217			100.00%	30,217					52.30%
26	JR	Nurse Manager-CPSP	100.00%	55,639	0.00%		10.00%	5,564	30.00%	16,692	60.00%	33,383	95.00%
27	TH	Nutritionist II-CPSP	100.00%	46,594	0.00%		5.00%	2,330	30.00%	13,978	65.00%	30,286	95.00%
28	KW	Phys Specialist, MD- CA	100.00%	107,787			47.70%	51,414	20.00%	21,557	32.30%	34,815	52.30%
29	Vac	Phys Specialist, MD-CA	100.00%										
30	YRJ	Program Manager II-Bill	100.00%										
31	vac	Prgr. Specialist, PHN-ncc	100.00%	75,871	0.00%		40.00%	30,349	40.00%	30,349	20.00%	15,174	64.00%
32	CH	Prog. Administrator,HS-	100.00%	87,862			47.70%	41,910	52.30%	45,952			52.30%
33	vac	PHN-PCG-NCC	100.00%	64,638			36.00%	23,270	20.00%	12,928	44.00%	28,441	64.00%
34	CJ	PHN-NFP	100.00%	64,638	0.00%		40.00%	25,855	15.00%	9,696	45.00%	29,087	64.00%
35	vac	PHN-PCG-Prop99	100.00%	64,638			36.00%	23,270	20.00%	12,928	44.00%	28,441	64.00%
36	XH	PHN-PCG-Prop99	100.00%	64,638			36.00%	23,270	20.00%	12,928	44.00%	28,441	64.00%
37	SH	PHN-PCG	100.00%	64,638			36.00%	23,270	20.00%	12,928	44.00%	28,441	64.00%
38	RM	PHN-PCG	100.00%	64,638			36.00%	23,270	20.00%	12,928	44.00%	28,441	64.00%
Traveling (X) Staff													

Program:		MCH Maternal and Child Health		UNMATCHED FUNDING										NON - ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)						
Agency:		County of Los Angeles		MCH-TV		MCH-GF		AGENCY		MCH-N		CNTY-N		MCH-E		CNTY-E									
Agreement No.:		200419		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)					
EXPENSE CATEGORY		TOTAL FUNDING			%	Federal Title V	%	State General Funds	%	Local Revenue	%	Combined Fed/State	%	Combined Fed/Agency	%	Combined Fed/State	%	Combined Fed/Agency							
85	NM Student Prof. Wkrs	20,956	100.00%	20,956					47.70%	9,996			52.30%	10,960					52.30%						
86	JSm Program Administrator	86,323	100.00%	86,323	0.00%				40.00%	34,529			40.00%	34,529			20.00%	17,265	64.00%	X					
87	CCh Nurse Manager-34A-NF	95,183	100.00%	95,183	0.00%				40.00%	38,073			40.00%	38,073			20.00%	19,037	64.00%	X					
88	MDa PHN-34A-NFP	64,638	100.00%	64,638	0.00%				40.00%	25,855			15.00%	9,696			45.00%	29,087	64.00%	X					
89	DK PHN-34A-NFP	64,638	100.00%	64,638	0.00%				40.00%	25,855			15.00%	9,696			45.00%	29,087	64.00%	X					
90	LV PHN-34A-NFP	64,638	100.00%	64,638	0.00%				40.00%	25,855			15.00%	9,696			45.00%	29,087	64.00%	X					
91	YW PHN-34A-NFP	64,638	100.00%	64,638	0.00%				40.00%	25,855			15.00%	9,696			45.00%	29,087	64.00%	X					
92	CM PHN-34A-NFP	59,271	100.00%	59,271	0.00%				40.00%	23,708			15.00%	8,891			45.00%	26,872	64.00%	X					
93	MLie PHN Supervisor-34A-N	61,630	100.00%	61,630	0.00%				40.00%	24,652			40.00%	24,652			20.00%	12,326	64.00%	X					
94	LKe Sr. Secretary III-34A-NF	47,509	100.00%	47,509					36.00%	17,103			64.00%	30,406					64.00%	X					
95	KPe Research Ana III-34A	52,276	100.00%	52,276					36.00%	18,819			64.00%	33,457					64.00%	X					
96	GMol Info Systems Ana II-34A	58,417	100.00%	58,417					36.00%	21,030			64.00%	37,387					64.00%	X					
97	Vac PHN-IMP	64,638	100.00%	64,638	0.00%				36.70%	23,722			15.00%	9,686			48.30%	31,220	83.30%	X					
98	Vac RAIL-IMP	52,276	100.00%	52,276	0.00%				70.00%	36,593			30.00%	15,683					52.30%	X					
99																									
100																									
101																									
102																									
103																									
104																									
105																									
106																									
107																									
108																									
109																									
110																									
111																									
112																									

PERSONNEL ACTUAL BENEFITS WORKSHEET AND MEDICAL FACTOR IDENTIFICATION

Program:		Maternal and Child Health																		
Agency:		County of Los Angeles																		
Agreement No.:		200419																		
INITIALS		STAFFING		% FTE		ANNUAL SALARY														
1	NK	Accountant II	100.00%	46,819	46,819	40.07%	18,758.62	0.5	Admin Core	Base MCF										
2	LT	Admin Asst II ADM	100.00%	50,140	50,140	40.07%	20,088.95	0.5	MCAH Admin	Base MCF										
3	KL	APS, PHN CAH	100.00%	70,111	70,111	40.07%	29,410.59	0.5	CAH	Base MCF										
4	LE	APS, PHN CPSP	100.00%	70,111	70,111	40.07%	29,410.59	1.0	CPSP	Program										The purpose of this program is to provide Medi-Cal services to Medi-Cal eligible pregnant women.
5	JF	APS, PHN CPSP	100.00%	70,111	70,111	40.07%	29,410.59	1.0	CPSP	Program										The purpose of this program is to provide Medi-Cal services to Medi-Cal eligible pregnant women.
6	Vac	APS, PHN CPSP	100.00%	70,111	70,111	40.07%	29,410.59	1.0	CPSP	Program										The purpose of this program is to provide Medi-Cal services to Medi-Cal eligible pregnant women.
7	OA	APS, PHN CPSP	100.00%	70,111	70,111	40.07%	29,050.59	1.0	CPSP	Program										The purpose of this program is to provide Medi-Cal services to Medi-Cal eligible pregnant women.
8	Vac	APS, PHN PCG	100.00%	70,111	70,111	40.07%	28,090.59	0.6	PCG	Targeted zip codes										NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
9	VR	APS, PHN - NFP	100.00%	70,111	70,111	40.07%	29,410.59	0.6	NFP	Targeted zip codes										NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
10	Vac	Chief Physician II MCH	100.00%	67,314	67,314	40.07%	28,969.96	0.5	MCAH Admin	Base MCF										
11	RS	Chief Physician I MCH	100.00%	189,277	189,277	40.07%	75,835.66	0.5	MCAH Admin	Base MCF										
12	SG	Clin SW Cnsl CAH-nc	100.00%	70,628	70,628	40.07%	28,297.72	0.5	CAH	Base MCF										
13	VG	Clin SW Consultant CP	100.00%	70,628	70,628	40.07%	28,297.72	1.0	CPSP	Program										The purpose of this program is to provide Medi-Cal services to Medi-Cal eligible pregnant women.
14	LW	Clin SW Cnsl -CAH	100.00%	63,565	63,565	40.07%	25,467.95	0.5	CAH	Base MCF										
15	CN	Epi. Analyst REP	100.00%	49,766	49,766	40.07%	19,939.36	0.5	REP	Base MCF										
16	DL	Epidmiologist REP	100.00%	68,065	68,065	40.07%	27,271.01	0.5	REP	Base MCF										
17	AA	Health Ed. Asst. CPSP	100.00%	39,290	39,290	40.07%	16,941.82	1.0	CPSP	Program										The purpose of this program is to provide Medi-Cal services to Medi-Cal eligible pregnant women.
18	SC	Info System Sys. Ana. I	100.00%	58,417	58,417	40.07%	23,405.38	0.5	REP	Base MCF										
19	CG	Info Sys. Ana. II REP	100.00%	58,417	58,417	40.07%	23,405.38	0.5	REP	Base MCF										
20	SS	Int. Typist Clerk REP-nc	100.00%	30,144	30,144	40.07%	12,077.52	0.5	REP	Base MCF										
21	SP	Int. Typist Clerk - ADM	100.00%	30,959	30,959	40.07%	12,404.12	0.5	MCH	Base MCF										
22	LE	Int. Typist Clerk-NFP	100.00%	30,144	30,144	40.07%	12,077.52	0.6	NFP	Targeted zip codes										NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
23	SW	Int. Typist Clerk-NFP	100.00%	30,144	30,144	40.07%	12,077.52	0.6	NFP	Targeted zip codes										NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
24	GC	Int. Typist Clerk-PCG	100.00%	30,144	30,144	40.07%	12,077.52	0.6	PCG	Targeted zip codes										NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
25	AE	Int. Typist Clerk-CHI(nc)	100.00%	30,217	30,217	40.07%	13,306.73	0.5	CHI	Base MCF										
26	JR	Nurse Manager-CPSP	100.00%	55,639	55,639	40.07%	22,292.26	1.0	CPSP	Program										The purpose of this program is to provide Medi-Cal services to Medi-Cal eligible pregnant women.
27	TH	Nutritionist II-CPSP	100.00%	46,594	46,594	40.07%	18,668.37	1.0	CPSP	Program										The purpose of this program is to provide Medi-Cal services to Medi-Cal eligible pregnant women.
28	KW	Phys Specialist, MD- CA	100.00%	107,787	107,787	40.07%	43,185.83	0.5	CAH	Base MCF										
29	Vac	Phys Specialist, MD-CA	100.00%						CAH	Base MCF										
30	YRJ	Program Manager II-BH	100.00%						BIH											
31	Vac	Prg. Specialist, PHN-nc	100.00%	75,871	75,871	40.07%	31,718.51	0.6	NFP	Targeted zip codes										NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
32	CH	Prog. Administrator, HS	100.00%	87,862	87,862	40.07%	35,202.69	0.5	MCH	Base MCF										
33	Vac	PHN-PCG-NCC	100.00%	64,638	64,638	40.07%	28,417.80	0.6	PCG	Targeted zip codes										NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.

Agreement No.:		200419		(1)	Benefit Rate Per Staff	Actual Benefit Amount Per Staff	MCF from Budget Column (16)	Variable MCF (Enter - if true)	Program Name	Identify the Medi-Cal Factor Data Source	Explain any Non-Standard Medi-Cal Factor Data Source
34	CJ	PHN-NFP	100.00%	64,638	40.07%	28,417.80	0.6		PCG	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
35	vac	PHN-PCG-Prop99	100.00%	64,638	40.07%	27,217.80	0.6		PCG	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
36	XH	PHN-PCG-Prop99	100.00%	64,638	40.07%	28,417.80	0.6		PCG	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
37	SH	PHN-PCG	100.00%	64,638	40.07%	27,217.80	0.6		PCG	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
38	RM	PHN-PCG	100.00%	64,638	40.07%	28,417.80	0.6		PCG	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
39	LAU	PHN-NFP	100.00%	64,638	40.07%	27,217.80	0.6		NFP	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
40	vac	Public Health Nurse-St	100.00%	64,638	40.07%	28,417.80			SIDS/FIMR		NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
41	DL	PHN-PCG	100.00%	64,638	40.07%	28,417.80	0.6		NFP	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
42	ACo	PHN-PCG	100.00%	64,638	40.07%	27,217.80	0.6		NFP	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
43	JM	PHN-NFP	100.00%	64,638	40.07%	28,417.80	0.6		NFP	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
44	vac	PHN-NFP	100.00%	64,638	40.07%	28,417.80	0.6		NFP	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
45	DN	PHN-NFP	100.00%	64,638	40.07%	27,217.80	0.6		NFP	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
46	JO	PHN-NFP	100.00%	64,638	40.07%	27,217.80	0.6		NFP	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
47	LW6	PHN-NFP-BIH	100.00%						NFP	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
48	RR	P.H. Nursing Superv-PC	100.00%	70,111	40.07%	29,410.59	0.6		NFP	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
49	TS	PHN-NFP	100.00%	64,638	40.07%	28,417.80	0.6		NFP	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
50	VB	PHN-NFP-Prop99	100.00%	64,638	40.07%	28,417.80	0.6		NFP	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
51	vac	PHN-NFP-Prop99	100.00%	64,638	40.07%	28,417.80	0.6		NFP	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
52	GR	PHN-NFP	100.00%	64,638	40.07%	27,217.80	0.6		NFP	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
53	GY	PHN-NFP-NCC	100.00%	64,638	40.07%	28,057.80	0.6		NFP	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
54	Mra	PHN-NFP-NCC	100.00%	64,638	40.07%	28,417.80	0.6		NFP	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
55	vac	PHN-NFP-NCC	100.00%	64,638	40.07%	28,417.80	0.6		NFP	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
56	YS	PHN-NFP-NCC	100.00%	64,638	40.07%	28,417.80	0.6		NFP	Targeted zip codes	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
57	KD	Research Ana. III-REP	100.00%	63,374	40.07%	25,391.52	0.5		REP	Base MCF	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
58	GO	Research Ana. III-EPA	100.00%	63,374	40.07%	25,391.52	0.5		REP	Base MCF	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
59	SG	Research Ana. II-REP	100.00%	52,276	40.07%	20,944.84	0.5		REP	Base MCF	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
60	Mie	Research Ana. II-REP	100.00%	52,276	40.07%	20,944.84	0.5		REP	Base MCF	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
61	GB	Secretary III-CAPP(ncc)	100.00%	39,194	40.07%	15,703.31	0.5		CAH	Base MCF	NFP/PCG Program provides outreach, education and case management services in targeted high risk zip codes.
62	vac	Secretary III-CPSP	100.00%	39,206	40.07%	15,708.18	1.0		CPSP	Program	The purpose of this program is to provide Medi-Cal services to Medi-Cal eligible pregnant women.
63	YV	Secretary IV-CAH(ncc)	100.00%	41,353	40.07%	17,768.50	0.5		CAH	Base MCF	
64	MB	Secretary III-NCC-CHI	100.00%	39,194	40.07%	16,903.31	0.5		CHI	Base MCF	
65	HS	Sr. Health Educator-CP	100.00%	57,027	40.07%	24,048.28	1.0		CPSP	Program	The purpose of this program is to provide Medi-Cal services to Medi-Cal eligible pregnant women.
66	RK	Sr. Secretary IV-NCC	100.00%	50,140	40.07%	21,288.95	0.5		MCH	Base MCF	
67	DE	Sr. Secretary IV-NCC	100.00%	45,962	40.07%	18,414.89	0.5		MCH	Base MCF	
68	SG	Sr. Secretary III-NCC-C	100.00%	47,509	40.07%	19,034.78	0.5		CHI	Base MCF	
69	vac	Sr. Typist Clerk-CAH	100.00%	34,883	40.07%	13,976.05	0.5		CAH	Base MCF	
70	IM	Sr. Typist Clerk-CPSP	100.00%	34,883	40.07%	15,176.05	1.0		CPSP	Program	The purpose of this program is to provide Medi-Cal services to Medi-Cal eligible pregnant women.
71	RF	Staff Asst. II-ADM	100.00%	47,502	40.07%	19,031.91	0.5		MCH	Base MCF	
72	JP	Staff Asst. II-CAH	100.00%	48,205	40.07%	19,313.57	0.5		CAH	Base MCF	
73	LA	Staff Asst. II-ADM	100.00%	48,205	40.07%	19,313.57	0.5		MCH	Base MCF	

Agreement No.:			200419		(1) TOTAL FUNDING	Benefit Rate Per Staff	Actual Benefit Amount Per Staff	MCF from Budget Column (16)	Variable MCF (Enter "V" If true)	Program Name	Identify the Medi-Cal Factor Data Source	Explain any Non-Standard Medi-Cal Factor Data Source	
74	AT	Staff Analyst Health-AD	100.00%	74,202		74,202	40.07%	29,729.79	0.5		CHI	Base MCF	
75	SB	Staff Analyst Health-NC	100.00%	74,202		74,202	40.07%	29,729.79	0.5		CHI	Base MCF	
76	GH	Staff Analyst Health-NC	100.00%	74,202		74,202	40.07%	29,729.79	0.5		CHI	Base MCF	
77	JA	Staff Analyst Health-NC	100.00%	74,202		74,202	40.07%	29,729.79	0.5		CHI	Base MCF	
78	vac	Staff Analyst Health-NC	100.00%	74,202		74,202	40.07%	29,729.79	0.5		CHI	Base MCF	
79	IW	Staff Analyst Health-NC	100.00%	74,202		74,202	40.07%	29,729.79	0.5		CHI	Base MCF	
80	SC	Sr. Staff Analyst, NCC-4	100.00%	78,343		78,343	40.07%	31,388.91	0.5		CHI	Base MCF	
81	WS	Sr. Staff Analyst, NCC-4	100.00%	75,232		75,232	40.07%	30,142.31	0.5		CHI	Base MCF	
82	BS	Asst. Staff Analyst	20.00%	66,575		66,575	40.07%	5,334.77	0.5		Admin Core	Base MCF	
83	Vac	HD Dept Pers Tech	10.00%	69,075		69,075	40.07%	2,767.55	0.5		Admin Core	Base MCF	
84	JA	Sr. HS Fiscal Ana	15.00%	87,300		87,300	40.07%	5,246.63	0.5		Admin Core	Base MCF	
85	NM	Student Prof. Wkrs	100.00%	20,956		20,956			0.5		Admin	Base MCF	
86	JSm	Program Administrator,	100.00%	86,323		86,323	40.07%	34,585.97	0.6		NFP	Targeted zip codes	NFP Program provides perinatal home visitation services in targeted high risk zip codes.
87	CCh	Nurse Manager-34A-NF	100.00%	95,183		95,183	40.07%	38,135.97	0.6		NFP	Targeted zip codes	NFP Program provides perinatal home visitation services in targeted high risk zip codes.
88	MDa	PHN-34A-NFP	100.00%	64,638		64,638	40.07%	27,217.80	0.6		NFP	Targeted zip codes	NFP Program provides perinatal home visitation services in targeted high risk zip codes.
89	DK	PHN-34A-NFP	100.00%	64,638		64,638	40.07%	26,657.80	0.6		NFP	Targeted zip codes	NFP Program provides perinatal home visitation services in targeted high risk zip codes.
90	LV	PHN-34A-NFP	100.00%	64,638		64,638	40.07%	27,217.80	0.6		NFP	Targeted zip codes	NFP Program provides perinatal home visitation services in targeted high risk zip codes.
91	YW	PHN-34A-NFP	100.00%	64,638		64,638	40.07%	27,217.80	0.6		NFP	Targeted zip codes	NFP Program provides perinatal home visitation services in targeted high risk zip codes.
92	CM	PHN-34A-NFP	100.00%	59,271		59,271	40.07%	25,067.35	0.6		NFP	Targeted zip codes	NFP Program provides perinatal home visitation services in targeted high risk zip codes.
93	MLie	PHN Supervisor-34A-N	100.00%	61,630		61,630	40.07%	27,212.53	0.6		NFP	Targeted zip codes	NFP Program provides perinatal home visitation services in targeted high risk zip codes.
94	LKa	Sr. Secretary III-34A-NF	100.00%	47,509		47,509	40.07%	19,994.78	0.6		NFP	Targeted zip codes	NFP Program provides perinatal home visitation services in targeted high risk zip codes.
95	KPa	Research Ana III-34A	100.00%	52,276		52,276	40.07%	23,464.84	0.6		NFP	Targeted zip codes	NFP Program provides perinatal home visitation services in targeted high risk zip codes.
96	GMo	Info Systems Ana II-34A	100.00%	56,417		56,417	40.07%	23,405.38	0.6		NFP	Targeted zip codes	NFP Program provides perinatal home visitation services in targeted high risk zip codes.
97	vac	PHN-IMP	100.00%	64,638		64,638	40.07%	25,697.80	0.8		IMPP	San Diego State Univ.	FY2002 Medi-Cal factor data for SPA 1 from BIH Evaluation Project, San Diego State University
98	vac	RAII-IMP	100.00%	52,276		52,276	40.07%	23,464.84	0.5		IMPP	Base MCF	
99													
100													
101													

BUDGET JUSTIFICATION OPERATING EXPENSES

Program: Maternal and Child Health
Agency: County of Los Angeles
Agreement No.: 200419

Travel Expenses	Amount Budgeted	Enter the rates for each item below*	
	55,881	Agency mileage rate per mile:	0.33
		Agency per diem rate:	55.00
		Agency maximum lodging rate:	165.50
		*Agency responsible for reimbursement of costs above allowable State rates	

Training Expenses	Amount Budgeted	Explain types of training
	30,234	Registration fees for MCAH Program staff to attend required and related trainings or workshops; MCH Action annual membership dues.

Other Operating Expenses Description	Amount	"X" this column if the Operating Expense line is ** Unmatched	Explain types of expenses per line item
1 GENERAL EXPENSE - MCAH	166,237		Expenses necessary for staff to carry out the daily activities to accomplish MCAH goals and objectives. Expenses include: educational materials, speakers, honorariums, conferences, inservices, room rental, office supplies, equipment maintenance, printing/reproduction, postage/mail services & communications.
2 SPACE RENTAL - MCAH	255,416		Space rental at MCAH Headquarters, and other offsite locations for program staff. Expenses include: rent, ground and building maintenance, custodial services, security, storage and parking.
3 PROGRAM REDIRECTIVES - MCAH	2,000	x	MCAH Program redirectives to promote the MCAH Programs. Examples include: health fair program materials, pens/pencils, etc.
4 CHILDREN'S PLANNING COUNCIL	5,000		Expenses necessary for the collaboration of countywide children's planning activities.
5 CA HOSPITAL MED CENT ADMINISTRATION-NFP	2,000		CHMC administration expense includes costs associated with serving as the project fiscal agent and coordination of the project. Costs include: accounting and audit costs, and other administrative costs.
6 CELLULAR PHONES - NFP	5,400		Cell phones for 4 nurses and one supervisor to perform field services. The cell phone numbers are provided to clients to facilitate rapid communication processes.
7 PROGRAM SUPPLIES - NFP	3,500	x	Program supplies for clients include: educational videos, educational materials, car seats, infant carriers, home medical supplies [e.g. thermometer, nasal suction bulbs].
8 OFFICE SUPPLIES - NFP	999		Office supplies necessary to carry out daily activities. Expenses include: duplicating client training materials, paper, and desk supplies.
9 COMPUTER/PRINTER Equipment - NFP	1,000		Cost of computer maintenance, paper, and supplies.
10 HEALTH SUPPLIES - NFP	1,000		Cost of medical supplies for the nurses such as blood pressure cuffs, baby weight scales, measuring tapes, height/weight charts, and developmental assessment tools.
11			
12			
13			
14			
15			

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). If there are any questions regarding which expenses may not be eligible for Federal matching funds please contact the appropriate MCH Program Consultant.

**BUDGET JUSTIFICATION
OTHER COSTS**

Program: Maternal and Child Health
 Agency: County of Los Angeles
 Agreement No.: ##### ##

Subcontracts Amount
Budgeted

Explain each expense

1	UNIVERSITY OF COLORADO	7,560	Agreement with the Regents of the University of Colorado on behalf of the University of Colorado Health Sciences Center (UCHSC) School of Nursing for the Nurse Family Partnership program. UCHSC will provide training, support, and technical assistance required to operate and evaluate the NFP Program.
2			
3			
4			
5			
6			
7			
8			

Other Charges

	Other Indirect*	663,674	As approved by the County Auditor-Controller, indirect costs include services from various County departments: County Board of Supervisors, Auditor-Controller, Chief Administrative Office, Human Resources, Internal Services Division, and Health Services Department overhead.
1	Computer Equipment - MCAH	5,000	Computer system/software upgrades for MCAH program staff.
2			
3			
4			
5			
6			
7			
8			

* Other Indirect is the difference between total indirect and the amount shown for Indirect on the Summary Page.

I. BUDGET SUMMARY PAGE **FY: 2004-05**

Budget Revision Number: Original

Title V Balance Total Balance

Base MCF 75.7 % Personnel Matched 70.47%

EXPENSE CATEGORY	UNMATCHED FUNDING				NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
	BIH-TV	BIH-GF	AGENCY	BIH-N	BIH-E	CNTY-N	CNTY-E	BIH-N	BIH-E	CNTY-N	CNTY-E	
(I) PERSONNEL	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	TOTAL FUNDING	%	Federal Title V	%	State General Funds	%	Local Revenue	%	Combined Fed/State	%	Combined Fed/Agency	Combined Fed/Agency
(II) OPERATING EXPENSES	265,032	29.74%	78,824	31.61%	7,093	0.55%	124	54.66%	144,873	1.32%	296	15.60%
(III) CAPITAL EXPENDITURES	22,437	30.91%	6,935					32.88%	7,377			2.73%
(IV) OTHER COSTS	1,786,161	26.66%	476,267					72.09%	1,287,684	0.88%	15,652	
(V) INDIRECT COSTS	18,828	29.69%	5,590					70.31%	13,238			
TOTALS*	2,092,458	27.13%	567,616	0.34%	7,093	0.32%	6,684	69.45%	1,453,172	0.76%	15,948	2.00%
												41,947

Maximum Amount Payable from State and Federal resources:		2,077,802
State Funding		
Total Title V	567,616	27%
Total State General Funds	744,166	36%
Total Agency General Fund	14,650	1%
Total Matching Title XIX	766,020	37%
Totals	1,311,782	100%

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCH ADMINISTRATIVE AND PROGRAM POLICIES.

Cynthia A. Herdery 7/1/04 6/29/04

MCH PROJECT DIRECTOR'S SIGNATURE DATE AGENCY FISCAL AGENT'S SIGNATURE DATE

State Use Only		BIH-TV	BIH-GF	BIH-N	BIH-E	CNTY-N	CNTY-E
(I) PERSONNEL		78,824					
(II) OPERATING COSTS		6,935	7,093	144,873	41,335	148	612
(III) CAPITAL EXPENDITURES				7,377	612		
(IV) OTHER COSTS		476,267		1,287,684		7,826	
(V) INDIRECT COSTS		5,590		13,238			
Totals for PCA Codes**	2,077,802	567,616	7,093	1,453,172	41,947	7,974	

* These amounts contain local revenue submitted for information and matching purposes. MCH does not reimburse Agency contributions.

[illegible]

II. OPERATING EXPENSES WORKSHEET

[illegible]

IV. OTHER COSTS WORKSHEET

IV. OTHER COSTS WORKSHEET																
TOTAL OTHER COSTS										1,786,161						
SUBCONTRACTS																
1	Greal Beginnings for Black Babies, Inc	327,026	27.00%	88,297						73.00%	238,729					
2	Harbor UCLA Research and Education Institute	327,026	27.00%	88,297						73.00%	238,729					
3	Mission City Community Network, Inc	253,957	27.00%	68,568						73.00%	185,389					
4	Prototypes	236,784	27.00%	63,932						73.00%	172,853					
5	Public Health Foundation Enterprises	237,511	27.00%	84,128						73.00%	173,383					
6	The Children's Collective, Inc	381,846	27.00%	103,044						73.00%	278,602					
7																
8																
OTHER CHARGES										Total Indirect						
OTHER INDIRECT																
1	UN-REIMBURSED INDIRECT	22,211														
2																
3																
4																
5																
6																
7																
8																
										15,652						
										70.47%						

Program: BIH Black Infant Health		AGENCY: County Of Los Angeles		EXPENSE CATEGORY													
Agreement No.: 200419		(1) TOTAL FUNDING		BIH-TV		BIH-GF		AGENCY		NOH - ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)					
		(2) %	(3) Federal Title V	(4) %	(5) State General Funds	(6) %	(7) Local Revenue	(8) %	(9) Combined Fed/State	(10) %	(11) Combined Fed/Agency	(12) %	(13) Combined Fed/State	(14) %	(15) Combined Fed/Agency	(16)	(17)

I. PERSONNEL WORKSHEET

TOTAL PERSONNEL COSTS		265,032																	
BENEFIT RATE																			
ACTUAL BENEFITS		76,755																	
TOTAL WAGES		189,277																	
INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1	YRJ Program Manager II	100.00%	66,086	24.30%	16,059					75.70%	50,027								
2	AJ Contract Program Audit	100.00%	57,553	24.30%	13,985					75.70%	43,568								
3	LW Public Health Nurse	100.00%	64,638	40.00%	25,855					15.00%	9,696			45.00%	29,087				
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			
27																			
28																			
29																			
30																			
31																			
32																			

PERSONNEL ACTUAL BENEFITS WORKSHEET AND MEDI-CAL FACTOR IDENTIFICATION

Program: Agency: Agreement No.:		Black Infant Health County Of Los Angeles 200419		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
STAFFING		% FTE	ANNUAL SALARY	TOTAL SPENDING	Benefit Rate Per Staff	Actual Benefit Amount Per Staff	MCF from Budget Column (16)	Variable MCF (Enter "Y" if true)	Program Name	Identify the Medi-Cal Factor Data Source	Explain any Non-Standard Medi-Cal Factor Data Source
INITIALS											
1	YRJ Program Manager II	100.00%	66,086	66,086	40.07%	26,477.97	75.7		BIH	San Diego State Univ.	FY2002 Medi-Cal Factor data from BIH Evaluation Project, San Diego State University
2	AJ Contract Program Audit	100.00%	57,553	57,553	40.07%	23,059.11	75.7		BIH	San Diego State Univ.	FY2002 Medi-Cal Factor data from BIH Evaluation Project, San Diego State University
3	LW Public Health Nurse	100.00%	64,638	64,638	40.07%	27,217.80	75.7		BIH	San Diego State Univ.	FY2002 Medi-Cal Factor data from BIH Evaluation Project, San Diego State University
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											

BUDGET JUSTIFICATION OPERATING EXPENSES

Program: Black Infant Health
Agency: County Of Los Angeles
Agreement No.: 200419

Amount Budgeted	Enter the rates for each item below*	
Travel Expenses 4,080	Agency mileage rate per mile:	0.33
	Agency per diem rate:	55.00
	Agency maximum lodging rate:	165.50
*Agency responsible for reimbursement of costs above allowable State rates		

Amount Budgeted	Explain types of training
Training Expenses 1,500	Registration fees for BIH Program staff to attend BIH required and related trainings or workshops.

Other Operating Expenses Description	Amount	"X" this column if the Operating Expense line is **Unmatched	Explain types of expenses per line item
1 General Expenses	1,500		Expenses necessary for staff to carry out the daily activities to accomplish BIH goals and objectives. Expenses include: office supplies, postage/messenger service, room rental, communication costs, etc.
2 Program Redirectives	2,937	x	Program redirectives to promote the Los Angeles County BIH Program.
3 Space Cost	12,000		Space rental at MCAH Headquarters, 600 S. Commonwealth, location. Expenses include: rent, ground & building maintenance, custodial services, storage and parking.
4 Travel Expenses exceeding allowable State rates	420		Per diem and lodging costs above State allowable rates.
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). If there are any questions regarding which expenses may not be eligible for Federal matching funds please contact the appropriate MCH Program Consultant.

MATERNAL AND CHILD HEALTH (MCH) SCOPE OF WORK

The Agency must work toward achieving the following goals and accomplish the following objectives. This will be done by performing the specified activities and evaluating the results using the listed methods focusing on process and/or outcome.

- Goal 1: All children born healthy to healthy mothers.
- Goal 2: No health status disparities among racial/ethnic, gender, economic and regional groups.
- Goal 3: A safe and healthy environment for women, children and their families.
- Goal 4: Equal access for all women, children and their families to appropriate and needed care within an integrated and seamless system.

Timelines: All of the implementation activities identified in this Scope of Work are to be conducted within the term of this Agreement's Fiscal year.

Objective 1

The Agency will operate an MCH Program under the direction of an approved MCH Director in accordance with the State MCH Branch Policies and Procedures.

Implementation Activities

- 1.1 The Agency, under the direction of the MCH Director, will:
 - develop policies and standards, and conduct activities that improve health outcomes for the MCH population;
 - develop Agency and/or community infrastructures that provide family-centered, culturally-competent services;
 - use core public health functions to assure that progress is made toward the four MCH goals and fourteen objectives.

Evaluation Process or Outcomes-

The MCH Director will meet professional qualifications and time commitment specified in the MCH Policies and Procedures and submit verification of requirement compliance to the MCH Branch for approval. Activities performed under this objective shall be documented in writing as part of the Annual Report.

- 1.2 The MCH Director will have responsibility for implementation of the following MCH programs (where applicable):
 - Adolescent Family Life Program
 - Black Infant Health Program
 - Comprehensive Perinatal Services Program
 - Fetal/Infant Mortality Review Program

Evaluation Process or Outcomes-

Maintain documentation of activities on file.
Summarize activities and describe outcomes/impact in the Mid-Year and Annual Reports in accordance with the current fiscal year Policies and Procedures.

**MATERNAL AND CHILD HEALTH (MCH)
SCOPE OF WORK**

Objective 2

Under the direction of the MCH Director, the Agency must provide a coordinated local effort to improve outreach and case finding activities for pregnant women and children including care coordination activities stressing early and continuous perinatal infant, and child care.

Under the direction of the MCH Director, the Agency must provide a coordinated local effort for outreach and case finding activities for low income, high-risk women of childbearing age, pregnant women, and children. This coordinated local effort includes stressing the importance of early and continuous perinatal, infant and pediatric healthcare. Activities performed under this objective must be consistent with those specified in Health and Safety Code Sections 104560-104569 (see appendix).

Implementation Activities

- 2.1 The agency must perform comprehensive outreach activities to the MCH population, including referrals to the Health Families Program, Medi-Cal and Access for Infants and Mothers (AIM). Outreach, case finding and care coordination activities shall be targeted to high-risk populations as identified in the jurisdiction's five-year MCH plan. Priority is given to the following populations:
- Low income pregnant women
 - Women, children and adolescents who are not linked to a source of care
 - Women of childbearing age who are at risk for adverse perinatal outcomes, including but not limited to, tobacco exposure and substance abuse.
- 2.1a The Agency must maintain the following:
- Title V toll-free telephone information service;
 - Prenatal Care Guidance (unless the jurisdiction does not participate in this program);
 - Referrals for healthcare coverage to Medi-Cal, AIM and the Healthy Families Program;
 - Education on the importance of early and continuous prenatal and well child care;
 - Assessment of tobacco and other substance use (including secondhand tobacco smoke exposure) and referral to treatment programs as appropriate.
- 2.1b The Agency shall promote community wide collaboration in the development and implementation of outreach programs, as well as work to assure that services are provided in a culturally sensitive manner and avoid duplication of services.
- 2.1c Develop protocols and evaluation methods to measure success of activities as they relate to the State's MCH priorities and Agency's multi-year plan.

Evaluation Process or Outcomes-

Maintain documentation of activities on file, as specified by MCH Branch. Summarize activities; describe measures of success and outcomes/impact in the Mid-Year and Annual Reports in accordance with current fiscal year Policies and Procedures.

**MATERNAL AND CHILD HEALTH (MCH)
SCOPE OF WORK**

Objective 3

The Agency must provide skilled professional expertise, appropriate to the population needs of the jurisdiction, in identifying, coordinating, and expanding health and human services for pregnant women and children through collaborative planning, development, and assurance of quality perinatal services.

Implementation Activities

- 3.1 The Agency must have an approved Perinatal Services Coordinator who meets the professional qualifications and time commitment specified in the MCH Policies and Procedures.

Evaluation Process or Outcomes-

Maintain documentation of activities on file.
Summarize activities and describe outcomes/impact in the Mid-Year and Annual Reports in accordance with current fiscal year Policies and Procedures.

- 3.2 Perinatal Services Coordinators must carry out the responsibilities and activities detailed in the MCH Policies and Procedures.

Evaluation Process or Outcomes-

Maintain documentation of activities on file.
Summarize activities and describe outcomes/impact in the Mid-Year and Annual Reports in accordance with current fiscal year Policies and Procedures.

Objective 4

Address priority unmet needs identified in the local Community Health Assessment and MCH Plan; continue to monitor MCH needs and make modifications to the local Plan in order to achieve the desired outcome of improved maternal, child, and adolescent health

Implementation Activities 2004-2005

- 4.1 Develop a 5-year plan for the Los Angeles County Maternal, Child and Adolescent Health (MCAH) Programs in accordance with State guidelines for 2005-2009.

- Convene workgroups comprised of community stakeholders, representatives from other County programs, and MCAH staff to develop recommended strategies to address the four prioritized needs identified in the community needs assessment;
- Conduct focus groups with clients and potential clients to solicit feedback on current MCAH programs and input on strategies to meet the prioritized needs;
- Develop the Action Plan (Part 2) including a description of strategies to be implemented and evaluation methodology and submit to the State by June 30, 2005.

Evaluation Process or Outcomes:

- Agendas, sign-in sheets and meeting notes from workgroup meetings;
- Report synthesizing focus group results;

MATERNAL AND CHILD HEALTH (MCH) SCOPE OF WORK

- Completed 5-year plan Action Plan (Part 2).

4.2 Strengthen the MCAH Programs' infrastructure.

- Develop core policies and procedures;
- Develop an orientation package for new MCAH staff;
- Establish a MCAH Intranet to enhance communication among MCAH staff;
- Develop a process for on-going, long range planning and evaluation for MCAH Programs;
- Hold quarterly general staff meetings to disseminate information, provide training and involve staff at all levels in MCAH issues.

Evaluation Process or Outcomes:

- MCAH Policies and Procedures Manual;
- Orientation Package for new staff;
- Percent of staff having access to intranet;
- Percent of staff who report they have become better informed of MCAH activities by using the MCAH intranet, and participating in quarterly staff meetings;
- Summary of evaluation forms from quarterly staff meetings;
- Annual strategic planning activities are documented and maintained on file.

4.3 Participate in collaborative activities with external partners to achieve MCAH's mission.

- Participate in the Los Angeles Best Babies Collaborative, to create and implement a blueprint for improving birth outcomes in Los Angeles County;
- Participate as a co-convenor and workgroup chair in the Children's Health Initiative of Greater Los Angeles, a coalition whose mission is to achieve universal health coverage for all children in Los Angeles County;
- Participate in the LA Care Children's Health Consultant Advisory Council, in the Perinatal Services Coordinator and Health Program Administrator Seats;
- Engage in County and DHS collaboratives such as the Interagency Operations Group, New Directions Task Force, the Children's Planning Council, and the DHS Health Leadership Board, to promote MCAH goals and to ensure that MCAH's work is aligned and integrated with County and DHS priority areas;
- Ensure that MCAH is engaged with First 5 LA's projects and planning process, to provide the input and expertise necessary to ensure that First 5 LA's initiatives achieve the desired positive outcomes;

Evaluation Process or Outcomes:

- Maintain documentation of activities and meetings on file;
- MCAH participation with partners to address mutual goals and develop joint projects will be summarized in the Mid-Year and Annual Reports.

4.4 Collaborate with Los Angeles based professionals and agencies serving youth to create an Adolescent Health Collaborative within Los Angeles County

- Meet with representatives from Los Angeles participating in the Adolescent Health Collaborative (AHC).
- Conduct meetings with collaborative members to explore interest in establishing an adolescent health collaborative.

MATERNAL AND CHILD HEALTH (MCH) SCOPE OF WORK

- Invite key partners to join the steering committee of the collaborative
- Establish primary goals and objectives for the Steering Committee
- Create a mailing list of professionals and agencies that serve youth.
- Identify resources for meeting locations.
- Send invitations to potential partners identified on the mailing list to join the collaborative.
- Develop packages and agendas for meetings.
- Conduct initial meeting with Adolescent Health Collaborative

Evaluation Process or Outcomes

- Maintain minutes and attendance of meetings.
- Adolescent Health Collaborative developed

4.5 Prepare for potential bioterrorism or other emergency event affecting MCAH vulnerable populations.

- Participate in the Public Health Incident Command System, and other emergency preparedness meetings, trainings, and exercises;
- At various emergency preparedness meetings/trainings advocate for the need to address the MCAH vulnerable populations;
- In collaboration with the Office of Bioterrorism delineate specific needs for vulnerable MCAH populations in order to sufficiently prepare for an emergency event;
- Share outreach strategies and resources to assist the Office of Bioterrorism in communicating key messages to MCAH vulnerable populations;
- Share emergency preparedness information and training opportunities with MCAH staff.

Evaluation Process or Outcomes:

- Meeting notes and list of MCAH staff participating in meetings and trainings;
- Maintain documentation of activities and meetings on file.

4.6 Provide case management/home visitation services to high-risk pregnant adolescents and women throughout the County.

- Continue the Prenatal Care Guidance program (PCG) and Nurse-Family Partnership (NFP) programs;
- Search for additional funding to increase the number of families that can benefit from the program;
- Continue with the process to integrating the NFP program into other DHS perinatal home visitation programs as applicable to their specific program goals and target populations;
- Continue efforts to improve the percentages of home visitation clients who breastfeed for at least 6 months;
- Establish a formal referral mechanism with the Childhood Lead Poisoning Prevention Program (CLPPP);
- Investigate how PCG and NFP can collaborate with asthma program efforts by implementing an asthma assessment tool; and
- Search for community partners to collaborate with NFP and PCG to reconvene the Home Visitation Network.

MATERNAL AND CHILD HEALTH (MCH) SCOPE OF WORK

Evaluation Process or Outcomes:

- PCG process measures reports (e.g., client enrollment, outreach activities);
- PCG outcome measures reports (e.g., attainment of prenatal care, birth outcomes, enrollment in health coverage plan);
- NFP process measures reports (e.g., client enrollment, outreach activities);
- NFP outcome measures reports (e.g. birth outcomes, subsequent pregnancies, education, workforce participation, breastfeeding);
- Evidence of additional funding secured for the NFP and PCG programs to either support current positions and program costs or expand capacity;
- Successful integration of NFP services within other MCAH programs as applicable to their client population and program goals;
- Increase in the percentage of home visitation clients who are breastfeeding for at least 6 months;
- Documented referral mechanism with CLPPP;
- Maintain documentation of activities and meetings on file.

4.7 Increase the percentage of women who are continuing to breastfeed their babies through 6 months and 12 months of age.

- Participate in the Breastfeeding Task Force of Greater Los Angeles and assist in printing the Breastfeeding Resource Directory 2005;
- Provide monthly breastfeeding training sessions for CPSP providers;
- Develop enhanced breastfeeding promotion components for the PCG and NFP protocols and guidelines;
- Analyze breastfeeding rates for NFP and PCG clients and continue to implement quality improvement activities in an effort to increase the rates;
- Develop and implement program aimed at helping the four County birthing hospitals become certified as Baby-Friendly, and search for additional funding to support the start-up costs related initiate this project;.

Evaluation Process or Outcomes:

- Maintain documentation of activities and meetings on file;
- Schedule of monthly CPSP breastfeeding training sessions and breastfeeding lesson plans;
- PCG breastfeeding protocols and guidelines;
- NFP breastfeeding lesson plan and materials;
- Reports of breastfeeding rates for NFP and PCG clients;
- Evidence of funding to support start-up costs of Baby-Friendly efforts.

4.8 Promote early identification of developmental delay through use of high quality screening tools in pediatric practices and community-based sites.

- Participate and serve on steering committee for Early Identification and Intervention Group, whose goal is that every child in Los Angeles County receive developmental screening early, often, and with a high-quality screening tool, and that any child needing help receives it at the earliest possible moment;
- Co-chair conferences and education sessions on promoting the use of screening tools;
- Advise First 5 LA on two related projects – their Healthy Kids Quality Enhancement initiative, which incorporates developmental services into pediatric practices and surrounding community agencies, and their Prenatal to 3 focus area which is still in development;

MATERNAL AND CHILD HEALTH (MCH) SCOPE OF WORK

- Work with DHS programs such as Lead Poisoning Prevention Program, perinatal home visitation programs, and Child Health and Disability Prevention (CHDP) program to incorporate the use of high quality developmental screening tools to provide support for those programs already using such tools;

Evaluation Process or Outcomes:

- Development and/or implementation of new developmental screening protocols, as documented in Early Identification and Intervention Group minutes
- Increased knowledge about developmental screening or use of screening tools as measured by conference or educational session evaluation forms.
- Developmental screening incorporated into First 5 LA projects, as measured by project descriptions and scopes of work
- Protocols for using screening tools in DHS programs.

4.9 Reduce incidence and severity of asthmatic attacks in county children.

- In collaboration with St. John's Well Child and Family Center, convene and facilitate quarterly meetings of the coalition of asthma providers throughout the County to share information and develop joint projects;
- Invite key speakers to insure that coalition members are informed about current data, planning efforts, and "best practices" in asthma programs and treatment;
- Collaborate with coalition members on the implementation of selected MCAH strategies and activities to reduce asthma;
- Maintain the asthma "Fresh Air" media campaign materials, serve as the point of contact for agencies wishing to use the materials, and work with key asthma agencies to develop an implementation plan for rolling out the asthma media campaign in a selected target area;

Evaluation Process or Outcomes:

- Agenda and minutes from quarterly meetings;
- Action plan for implementation of strategies to reduce asthma;
- Media campaign materials used by agencies.

4.10 Implement recommendations from the Los Angeles County Blue Ribbon Task Force on Children and Youth Physical Fitness to reduce and prevent overweight and obesity in children and adolescents.

- Provide staff support to the Los Angeles County Physical Activity and Nutrition Task Force;
- Lead efforts to educate key decision makers regarding policies that improve nutritional status and encourage physical activity for children and adults;
- Secure funding to support policies, programs and public awareness campaigns to create an environment in Los Angeles County that encourages physical activity and healthy eating.

Evaluation Process Outcomes

- Maintain documentation of activities and meetings on file;
- Grant applications submitted and partnerships formed to support activities.

MATERNAL AND CHILD HEALTH (MCH) SCOPE OF WORK

4.11 Investigate potential role for MCAH in working with agencies that focus on intimate partner violence issues.

- Participate in the Department of Health Services/Intimate and Spousal Injury Task Force. This task force will recommend prevention programs and support policies to reduce morbidity and mortality associated with intimate partner violence. It will monitor the occurrence of intentional and unintentional injuries among partners and screen for potential intimate partner and spousal abuse in the Los Angeles county.
- Evaluate potential roles for MCAH through strategic planning meetings and conversations with agencies;
- Develop action plan for further activities.

Evaluation Process or Outcomes

- Maintain documentation of activities and meetings on file;
- Action plan for future activities

4.12 Develop and pilot a family friendly employee wellness program with an emphasis on reduction of risks that affect families and women of childbearing age to serve as a model for all employers in Los Angeles County.

- Evaluate existing employee wellness programs and identify one which fosters healthy lifestyle changes, especially for women in the preconception and inter-conception stages of life and their infants and children;
- Identify sources of no-cost incentives for employees who participate;
- Implement the wellness program within MCAH Programs;
- Distribute a "Welcome Baby Packet" to all employees requesting maternity/paternity leave. This package will consist of a diaper bag filled with breastfeeding promotion materials as well as information on other infant health issues;
- Work with DHS Human Resources to incorporate information on the Welcome Baby Package into the New Employee Orientation curriculum;
- Develop and implement a separate orientation session for employees requesting maternity/paternity leave to educate them on how to best use their paid and unpaid leave to allow them to properly bond with their infant and establish a good breastfeeding routine;
- Position Los Angeles County Department of Health Services as a model employer by promoting creation of more lactation facilities in DHS PH buildings, emphasizing the requirements of AB 1025;
- Develop cost analysis of the benefit of implementing family/baby friendly employer practices and a dissemination strategy to share information with other employers in the Los Angeles County area.

Evaluation Process or Outcomes:

- Completion of wellness program monthly self-reporting form;
- Completion of wellness program pre- and post-program survey;
- Documentation regarding the distribution of the Welcome Baby Packages;
- Documentation on employees attending the Maternity/Paternity Leave orientation sessions;
- List of lactation facilities available to DHS employees;
- List of employees who received a Welcome Baby Package;
- New Employee Orientation agenda and packet including information on AB 1025, lactation facilities, Welcome Baby Package, and orientation session on use of paid/unpaid leave;

MATERNAL AND CHILD HEALTH (MCH) SCOPE OF WORK

- Cost benefit analysis for implementing family/baby friendly employer practices.
- 4.13 Conduct the Los Angeles Mommy and Baby (LAMB) Study to develop data on prenatal risk assessment for Los Angeles County
- Submit grant proposal to fund LAMB study;
 - Develop community advisory board to provide oversight for the LAMB Study;
 - Develop a draft survey instrument based on issues identified from literature review;
 - Collaborate with community stakeholder, MCAH staff and focus group of new mothers to review and finalize survey instrument;
 - Develop study protocol, codebook, and database;
 - Submit all necessary documentation as required for Internal Review Board (IRB) approval.

Evaluation Process or Outcomes

- Project funding secured;
 - Maintain documentation of activities and meetings on file;
 - Project protocol, codebook, and survey instrument finalized;
 - Approval from Internal Review Board (IRB) obtained;
 - Project staff hired for Countywide implementation of LAMB study.
- 4.14 Generate performance measures for each MCAH program and to generate reports on program effectiveness.
- Convene Best Practices Data Committee (BPDC) to review, modify and update program performance measures;
 - Assess and evaluate current data collection procedures for performance measures and recommend improvements as appropriate;
 - Generate performance measures report;
 - Collaborate with MCAH Program staff to identify service areas in need of improvement and develop course of action to improve services based on a review of the performance measures.

Evaluation Process or Outcomes:

- Percent of performance measures with established data collection processes, and data being collected;
 - Report on MCAH performance measures.
- 4.15 Objectives for Fiscal Year 2005-2006 and 2006-2007 will be submitted yearly with the Application/revision package prior to the beginning of each fiscal year.

Evaluation Process or Outcomes:

- AFA/revision package submitted prior to June 30 for the following fiscal year

FETAL INFANT MORTALITY REVIEW (FIMR) SCOPE OF WORK

The Agency must work toward achieving the following goals and accomplish the following objectives. This will be done by performing the specified activities and evaluating the results using the listed methods focusing on process and/or outcome.

Goal 1: Examine local contributing factors to fetal, neonatal, and postneonatal deaths, and develop and implement interventions responding to identified needs.

Timelines: All of the implementation activities identified in this Scope of Work are to be conducted within the term of this allocation's Fiscal year.

Objective 1

Conduct a community-based FIMR Program based on MCH Branch guidelines and City Match Perinatal Periods of Risk (PPOR) to:

- examine contributing factors to fetal, neonatal, and post-neonatal deaths;
- develop recommendations to respond to identified needs; and
- implement 3 interventions involving policy, systems, and community norm changes that will lead to the prevention of similar occurrences. (The number of interventions implemented is subject to MCH Branch approval.)

Implementation Activities

- 1.1 Obtain current and ongoing local approval to conduct the FIMR program reviews and PPOR.

Evaluation Process or Outcomes-

1.1 Submit local Health Officer authority letter with Annual Progress Report.

1.2 Develop PPOR Action Plan

- 1.2 Develop policies and procedures, establish, facilitate, and maintain a case review and community action team, to review selected cases, identify factors contributing to fetal and infant deaths and recommend and implement changes that are designed to prevent further occurrence.

1.2.1 Utilizing CityMatCH Perinatal Periods of Risk (PPOR) as a method for analyzing fetal infant mortality data we will:

- Engage community partners to develop community support, gain consensus about problems, and develop strategies for solutions.
- Map fetal and infant mortality by birthweight and age.
- Focus on reducing the overall fetal-infant mortality rate.
- Examine disparities between population groups.
- Target investigations and prevention efforts to minimize gaps and improve overall infant mortality rates.
- Develop specific FIMR protocols

FETAL INFANT MORTALITY REVIEW (FIMR) SCOPE OF WORK

Evaluation Process or Outcomes-

- PPOR analysis will include four strategic prevention areas: maternal health/prematurity, maternal care, newborn care, and infant health.
- Fetal-infant mortality will be mapped by birthweight and age at death
- PPOR analysis will be conducted for each SPA and race/ethnicity

- 1.3 Complete the data collection; parental interview, when possible; review process; and analysis on up to 52 appropriate cases identifying medical and non-medical factors. (Case number must be appropriately proportional to the total number of fetal/infant deaths and is subject to MCH Branch approval.)

Evaluation Process or Outcomes-

- A revised FIMR case review instrument will be submitted to the branch for approval prior to implementation and use;
- Submit copies of case reviews along with a floppy disk containing all information to the MCH Branch FIMR Coordinator when submitting Mid-Year and Annual Progress Reports.

- 1.4 Develop summary report of findings and recommendations that address the identified contributing factors leading to fetal/infant deaths; disseminate findings to community action team, local policymakers, the community at large, BIH, SIDS, and other local MCH programs through published reports, press releases, and presentations to increase public awareness of recurring factors causing fetal/infant deaths.

Evaluation Process or Outcomes-

- 1.4 In the Mid-Year and Annual Progress Reports, describe key activities and accomplishments. Submit the summary report with the Annual Progress Report. Documentation of disseminated findings to be kept on file.

- 1.5 Based on case findings, with community input, develop and implement objectives, interventions, timelines and evaluation components for identified recommendations which address systems, community norm and public policy changes.

Evaluation Process or Outcomes-

- 1.5 In the Mid-Year and Annual Progress Reports, describe key activities and accomplishments. Submit the objectives, interventions and evaluation plan for the identified recommendations with the Annual Progress Report. Describe how community input was obtained and incorporated.

BLACK INFANT HEALTH PROGRAM (BIH) SCOPE OF WORK

The Agency must work toward achieving the following goals and accomplish the following objectives. This will be done by performing the specified activities and evaluating the results using the listed methods focusing on process and/or outcome.

- Goal 1: To reduce African-American infant mortality through a comprehensive community-based effort by assuring that at-risk pregnant and parenting women and their infants and children up to age two have access to quality maternal and child health services.
- Goal 2: To increase the number of African-American women obtaining prenatal care in the first trimester.
- Goal 3: To reduce the number of African-American infants born with birth weights below 2,500 grams.
- Goal 4: Reduce the number of African-American women who smoke, use alcohol, and/or nonprescription drugs during pregnancy.
- Goal 5: Reduce the number of African-American babies who die due to SIDS.
- Goal 6: To reduce African-American maternal mortality.

Timelines: All of the implementation activities identified in this Scope of Work are to be conducted within the term of this allocation's Fiscal year.

Objective 1

Conduct a community-based BIH Program in the local jurisdiction that supports, facilitates, and promotes better health care services for at-risk African-American women, children up to age of two years, and their families.

Implementation Activities

- 1.1 Maintain a culturally-competent Coordinator to oversee and administer the program and carry out the responsibilities and activities detailed in the MCH Policies and Procedures.
 - Yolonda Rogers-Jones is the County BIH Coordinator and she has held this position since November 2001.
- 1.2 Provide and/or assure culturally competent outreach in the African-American community targeting pregnant and parenting women at risk for poor birth outcomes. Identify by zip codes/census tract areas for outreach concentration. Outreach should follow the outreach intervention model made available by the MCH Branch.
 - Los Angeles County released a countywide Request for Proposal (RFP) during March 2004 and contracts were awarded to the following six (6) community-based organizations (CBOs):

- *The Children's Collective* - South Central Los Angeles: 90008, 90037, 90043, 90044, 90047, 90061, 90062
- *Public Health Foundation Enterprises / First Missionary Baptist Church of Antelope Valley* – Antelope Valley: 93534, 93535, 93543, 93550, 93551, 93552, 93591
- *Great Beginnings for Black Babies* – South Central Los Angeles: 90001, 90002, 90003, 90007, 90011, 90016, 90018, 90004, 90006, 90013, 90015, 90017, 90019, 90026, 90027, 90031, 90033, 90036, 90038, 90039, 90065, 90068, 90069
- *HarborUCLA REI South Los Angeles Health Projects* – 90059, 90220, 90221, 90222, 90262, 90247, 90250, 90260, 90301, 90302, 90303, 90304, 90717, 90731, 90732
- *Mission City Community Network* – San Fernando Valley: 91042, 91304, 91321, 91325, 91330, 91331, 91340, 91350, 91351, 91352, 91355, 91356, 91364, 91403, 91423, 91606
- *Prototypes* – San Gabriel Valley: 91007, 91016, 91030, 91706, 91722, 91723, 91744, 91745, 91748, 91765, 91766, 91767, 91768, 91773, 91791, 91801, 91803

1.3 Provide and/or assure access to appropriate perinatal services and continuous care coordination including follow-up services to assure timely acquisition of postpartum, well-baby care and immunizations, and other essential services for the well being of infants, children from birth through 24 months, and their mother.

- All CBOs accepting BIH funding will establish and maintain collaborative relationships with health care service providers in order to connect clients with needed services and resources.

Evaluation Process or Outcomes-

1.1-1.3 In the Mid-Year Progress and Annual Reports, describe key activities and accomplishments toward implementing and maintaining the core elements and specific BIH Program Coordinator responsibilities.

1.4 Identify by intervention the number/range of African-American clients proposed to serve through the BIH interventions during the current fiscal year.

- Los Angeles County BIH Programs will conduct community and client education with a minimum of 4,262 community residents, and will serve a minimum of 1,027 clients in PCO, a minimum of 243 clients in SSE, and a minimum of 25 clients who are first time mothers will be case managed by the BIH Public Health Nurse.

Evaluation Process or Outcomes-

- 1.4 Summarize clients served in the Mid-Year Progress Report including more details in the Annual Report.
- 1.5 Identify/add additional local objectives and activities aimed at achieving the goals of the BIH Program. Such objectives and activities must clearly expand and amplify community-based efforts aimed at improving the health and well being of African-American women, infants, children, and their families. Local objectives may include but not be limited to implementing the prematurity prevention guidelines developed by Kern County.
 - All CBOs will implement the *Kicks Count Education Program*. The intervention is designed for community health outreach workers (CHOWs) to educate pregnant clients on the importance of fetal movement monitoring, and to establish a partnership between the client, the client's provider, and the BIH Program during the last trimester of pregnancy.
 - CBOs will utilize Perinatal Periods of Risk (PPOR) to identify at least one area for intervention to reduce fetal and infant mortality among African Americans.

Evaluation Process or Outcomes-

- 1.5 Document key activities and accomplishments toward implementing local objectives and activities in the Mid-Year Progress and Annual Reports.
- 1.6 Coordinate and collaborate with all relevant service programs and with community groups to increase the availability and accessibility of appropriate services and to improve community awareness regarding problems associated with infant mortality in the African-American community.
 - All CBOs accepting BIH funding will form alliances with applicable service programs (WIC, Crystal Stairs, African American Breastfeeding Alliance, etc.) in order to establish referral relationships and to inform the community at-large about infant mortality.

Evaluation Process or Outcomes-

- 1.6 Document key activities and accomplishments toward coordination and collaboration efforts in the Mid-Year Progress and Annual Reports.
- 1.7 Utilization of the BIH Data Collection System (MIS) each month to ensure that BIH data is input, updated, and maintained for monthly electronic uploading.
 - At each Contractor site, a computer will be designated for use by the BIH Program in order to enter and update client data on a routine basis, and to ensure monthly electronic uploads are successfully completed.

- Additionally, Los Angeles County will establish remote access capability with the six (6) local Contractors in order to perform routine BIH data analysis.

Evaluation Process or Outcomes-

- 1.7 Each BIH health jurisdiction must maintain local data files to be uploaded to the MCH Branch on a monthly basis. Files will be uploaded no later than the tenth day of the following month.

Objective 2

Administer culturally competent community outreach and awareness to inform and educate African-American women who are at risk for poor birth outcomes and the community on the importance for early access and maintenance of prenatal care.

Implementation Activities

- 2.1 Conduct culturally competent community outreach to identify and enroll pregnant African-American women who are not receiving care into appropriate health and other supportive services during the first trimester of pregnancy.
- In collaboration with the Community Advisory Board, each Contractor will develop a public awareness campaign to target African American women who are in their first trimester of pregnancy and who are not receiving prenatal care.
- 2.2 Implement activities to educate and increase awareness in the community on the status of infant morbidity and mortality and local efforts to eliminate African-American infant mortality.
- In collaboration with the Community Advisory Board, the Contractor will conduct at least two (2) of the following activities in their service area: health fair; PSA; community meeting/event; community education campaign.
- 2.3 Conduct 2 (minimally) Celebrate Healthy Baby Events annually.
- Los Angeles County will conduct a minimum of two (2) events.
- 2.4 Maintain a viable local BIH Community Advisory Board
- All CBOs accepting BIH funding will establish and maintain a Community Advisory Board to help increase community awareness, and to provide input on program activities and services.

Evaluation Process or Outcomes-

- 2.1-2.4 Document key outreach activities and accomplishments toward increasing first trimester enrollment. Identify community awareness activities and events in the Mid-Year and Annual Reports.

Objective 3

Develop and implement educational strategies that assist pregnant African-American women to understand the causes of low birth weight.

Implementation Activities

3.1 Educate pregnant African-American women on the causes of low birth weight including smoking, substance abuse, and prematurity. Existing educational resources, "What African-American Women Should Know About Preterm Labor" and "How Will I Know If I'm In Preterm Labor", and the Prematurity Prevention Guidelines may be used as educational aides. Also reference "Steps to Take" Kick Count information as well as Los Angeles County Kick Count Media Campaign.

- All CBOs accepting BIH funding will develop and/or use existing educational materials to educate clients of the causes of low birth weight.

3.2 Coordinate with local providers to request during prenatal visit that they educate and provide resource material to pregnant African-American women on the need for adequate prenatal care, healthy lifestyle choices, with emphasis on the need to recognize signs and symptoms of pre-term labor to prevent premature births.

- The *Kicks Count Education Program* will provide access for BIH Programs to work with numerous perinatal providers in order to facilitate health education for BIH clients.

Evaluation Process or Outcomes-

3.1-3.2 In the Mid-Year Progress and Annual Reports document activities toward educating African-American women on causes of low birth weight, and signs and symptoms of pre-term labor. Document efforts to work with providers to partner with programs in educating African-American women regarding prenatal care and pre-term labor issues.

Objective 4

Coordinate with existing treatment services for substance and alcohol abuse and smoking cessation programs for referral of pregnant African-American women to reduce/eliminate risky behaviors during pregnancy.

Implementation Activities

4.1 Identify African-American pregnant women who currently use alcohol, illicit substances, and/or tobacco products for referral to appropriate treatment programs.

- BIH staff will identify clients who engage in these risky behaviors, make appropriate referrals, and follow-up referrals to ensure clients access treatment programs.

Evaluation Process or Outcomes-

- 4.1 In the Mid-Year Progress and Annual Reports, describe activities toward working with clients to reduce/eliminate adverse behavior (substance/alcohol use and smoking) during pregnancy.
- 4.2 Monitor client's behavior modification to identify a reduction in adverse behavior during pregnancy.
- BIH staff will monitor the client's efforts to eliminate/reduce the behavior and provide positive reinforcement to support to the client. Staff will also distribute appropriate health education resource materials.

Evaluation Process or Outcomes-

- 4.2 In the Mid-Year Progress and Annual Reports document the number of women referred to treatment programs and any successes with women modifying adverse behavior.

Objective 5

In conjunction with the State's SIDS Program, educate African-American families on SIDS deaths in the African-American community and strategies that may prevent SIDS deaths.

Implementation Activities

- 5.1 Disseminate and discuss SIDS resource materials including the Back to Sleep campaign to pregnant African-American families.
- All CBOs accepting BIH funding will discuss and disseminate SIDS resource materials.

Evaluation Process or Outcomes-

- 5.1 In the Mid-Year Progress and Annual Reports, describe activities conducted to teach African-American pregnant families about SIDS and how SIDS deaths may be prevented.
- 5.2 Assess and monitor newborn sleeping patterns with mothers during follow-up visits.
- Within two (2) weeks after the baby's birth, BIH staff will observe the infant's sleeping position and sleeping area/arrangements and provide the mother with appropriate feedback to reinforce the SIDS message.

Evaluation Process or Outcomes-

- 5.2 In the Mid-Year Progress and Annual Reports, describe the number of women/men and their families who received information on the Back to Sleep campaign.

ANNUAL INVENTORY - HAS1204

ANNUAL INVENTORY OF STATE-FURNISHED EQUIPMENT

Contract No.: 2003-19

Date Contract Expires: 06/1/4

Previous Contract No.: 2002-19

(if applicable)

Contractor's Name: City of Los Angeles - DHS	Contractor's Complete Address: 600 S. Commonwealth Avenue	Contact Name/Phone No.: Angle Toyota	Contact Name/Phone No.: (213) 639-6400
Program Name: 1 Branch	DHS Program Address: 1615 Capitol Ave., MS 8300, Sacramento, CA 94234-7320		
Program Liaison: Peter Delgado	DHS Liaison's Telephone No.: (916) 650-0340	E-Mail: adelgado@dhs.ca.gov	Date of This Report: 07/30/04

S IS NOT A BUDGET FORM)

State ID Tag No. (If Motor Vehicle, List License No.)	Quantity	Description 1. Include manufacturer's name, model no., type, size, and/or capacity. 2. If motor vehicle, list year, make, model no., type of vehicle (van, sedan, pick-up, etc.) 3. If van, include passenger capacity.	Base Cost Per Unit	DHS ASSET MGMT. USE ONLY DHS Document No.	Date Received	Serial No. (If Motor Vehicle, list VIN No.)
	1	PIX-F5FE-UR-FE-BUN/CISCO, INC. CISCO PIX 515E CHAS-URESTRICT SW 6FE	\$4960.72		12/03	CNM7M3PBRA
	1	Hewlett Packard Office Jet Fax Machine	\$ 625.00		05/00	MY99TG31WJ
	1	Hewlett Packard Office Jet Fax Machine	\$ 625.00		05/00	MY99UG3009
	1	Dell OptiPlex GX110	\$1528.50		05/00	3RTC10B
	1	Dell OptiPlex GX110	\$1528.50		05/00	DQTC10B
	1	Dell OptiPlex GX110	\$1528.50		05/00	CQTC10B
	1	Dell OptiPlex GX110	\$1528.50		05/00	JQTC10B
	1	Dell Inspiron 3800 Laptop	\$3635.04		05/00	78UTC/121-704-90
	1	Hewlett Packard LaserJet 4050N	\$1616.28		05/00	USQB047658
	1	Hewlett Packard LaserJet 4050N	\$1616.28		05/00	USQB047689
	1	Hewlett Packard LaserJet 4050N	\$1616.28		05/00	USQF044390
	1	Hewlett Packard LaserJet 4050N	\$1616.28		05/00	USQF049651
	1	Hewlett Packard ScanJet ADG	\$ 851.65		05/00	G9910B90
	1	Dell Monitor			05/00	MX-0957VU-47801-OSH- B31J
	1	Dell Monitor			05/00	MX-0957VU-47801-O5H- B316
	1	Dell Monitor			05/00	MX-0857VU-47801-O54- B131A
	1	Dell Monitor			05/00	MX-0957VU-47801-O5H- B319
	1	Hewlett Packard LaserJet 4000T			06/98	USNCO52898
	1	Dell OptiPlex GXM 5166			1999	7RR5B
	1	Dell Computer			1999	GNN7V
	1	Dell Computer			1999	OTBXN
	1	Dell OptiPlex Computer			1999	ET3TY

Contract No. H700540-1

BLACK INFANT HEALTH PROGRAM SERVICES
IN LOS ANGELES COUNTY AGREEMENT

AMENDMENT NO. 1

THIS AMENDMENT is made and entered into this _____ day
of _____, 2005,

by and between COUNTY OF LOS ANGELES
 (hereafter "County"),

and GREAT BEGINNINGS FOR BLACK BABIES, INC.
 (hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled
"BLACK INFANT HEALTH PROGRAM SERVICES IN LOS ANGELES COUNTY
AGREEMENT", dated June 15, 2004, and further identified as County
Agreement No. H700540 (hereafter "Agreement"); and

WHEREAS, it is the intent of the parties hereto to amend
Agreement to increase the maximum obligation, add Board mandated
language and to make other hereafter described changes; and

WHEREAS, said Agreement provides that changes may be made in
the form of a written amendment which is formally approved and
executed by the parties.

NOW, THEREFORE, the parties hereto agree as follows:

1. This Amendment shall be effective on the date of
approval by the Board of Supervisors.
2. Agreement Paragraph 2, DESCRIPTION OF SERVICES, shall be

revised to read as follows:

"2. DESCRIPTION OF SERVICES: Contractor shall provide the services described in Exhibits A, A-1 and B, attached hereto and incorporated herein by reference."

3. Subparagraphs B and C of Agreement Paragraph 3, MAXIMUM OBLIGATION OF COUNTY, shall be revised to read as follows:

"B. During the period commencing July 1, 2005 through June 30, 2006, the maximum obligation of County for all services provided under this Agreement shall not exceed Five Hundred Eight Thousand, Two Hundred Twelve Dollars (\$508,212). Of this amount, Three Hundred and Fifteen Thousand, One Hundred and Seventy Dollars (\$315,170) is for the period July 1, 2005 through June 30, 2006, and One Hundred and Ninety-Three Thousand and Forty-Two Dollars (\$193,042) is for the period from Board approval through June 30, 2006. This sum represents the total maximum obligation of County as shown in Schedule 2-A, attached hereto and incorporated herein by reference.

C. During the period commencing July 1, 2006 through June 30, 2007, the maximum obligation of County for all services provided under this Agreement shall not exceed Five Hundred Eight Thousand, Two Hundred Twelve Dollars (\$508,212). This sum represents the total maximum obligation of County as shown in Schedule 3-A, attached

hereto and incorporated herein by reference."

4. Subparagraph A of Agreement Paragraph 4, FUNDING/SERVICES ADJUSTMENTS AND RE-ALLOCATIONS, shall be revised to read as follows:

"4. FUNDING/SERVICES ADJUSTMENTS AND RE-ALLOCATIONS:

A. If sufficient monies are available from Federal, State, or County funding sources, and upon Director's or his/her authorized designee(s) specific written approval, County may require additional services and pass on to Contractor an increase to the applicable County maximum obligation as payment for such services, as determined by County. For the purposes of this provision, Director's authorized designee shall be the Chief of Operations, Public Health Programs and Services. If monies are reduced by Federal, State, or County funding sources, County may also decrease the applicable County maximum obligation of each fiscal year as determined by County. Such funding changes will not be retroactive, but will apply to future services following the provision of written notice from Director to Contractor. If such increase or decrease does not exceed fifteen percent (15%) of the applicable County maximum obligation, Director may approve such funding changes. Director may also

approve increases or decreases up to fifty percent (50%) of the Fiscal Year 2005-06 maximum obligation to accommodate available State funding levels and to reallocate funds among existing BIH contractors as necessary to ensure continuity of services, not to exceed available State funding, upon approval by County Counsel and notification to the Board. Director shall provide prior written notice of such funding changes to Contractor and to County's Chief Administrative Officer. If the increase or decrease exceeds fifteen percent (15%) of the applicable County maximum obligation for reasons other than those specified above, approval by County's Board of Supervisors shall be required. Any such change in any County maximum obligation shall be effected by an amendment to this Agreement pursuant to the ALTERATION OF TERMS Paragraph of this Agreement."

5. Agreement Paragraph 6, COMPENSATION, shall be revised to read as follows:

"6. COMPENSATION: County agrees to compensate Contractor for performing services hereunder for actual reimbursable net cost as set forth in Schedules 1, 2-A, and 3-A, and the BILLING AND PAYMENT Paragraph of the ADDITIONAL PROVISIONS, attached hereto."

6. Paragraph 46, CONTRACTOR RESPONSIBILITY AND DEBARMENT, of the ADDITIONAL PROVISIONS shall be replaced in its entirety as follows:

"46. CONTRACTOR RESPONSIBILITY AND DEBARMENT:

A. A responsible Contractor is a Contractor who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity and experience to satisfactorily perform the contract. It is County's policy to conduct business only with responsible contractors.

B. Contractor is hereby notified that, in accordance with Chapter 2.202 of the County Code, if County acquires information concerning the performance of Contractor on this or other contracts, which indicates that Contractor is not responsible, County may, in addition to other remedies provided in the contract, debar Contractor from bidding or proposing on, or being awarded, and/or performing work on County contracts for a specified period of time, which generally will not exceed five (5) years or be permanent if warranted by the circumstances, and terminate any or all existing contracts Contractor may have with County.

C. County may debar Contractor if County's Board

of Supervisors finds, in its discretion, that Contractor has done any of the following: (1) violated a term of a contract with County or a nonprofit corporation created by County, (2) committed an act or omission which negatively reflects on Contractor's quality, fitness or capacity to perform a contract with County, any other public entity, or a nonprofit corporation created by County, or engaged in a pattern or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or business honesty, or (4) made or submitted a false claim against County or any other public entity.

D. If there is evidence that Contractor may be subject to debarment, the Department will notify Contractor in writing of the evidence which is the basis for the proposed debarment and will advise Contractor of the scheduled date for a debarment hearing before the Contractor Hearing Board.

E. The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. Contractor and/or Contractor's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, the

Contractor Hearing Board shall prepare a tentative proposed decision, which shall contain a recommendation regarding whether contractor should be debarred, and if so, the appropriate length of time of the debarment. Contractor and the Department shall be provided an opportunity to object to the tentative proposed decision prior to its presentation to the Board of Supervisors.

F. After consideration of any objections, or if no objections are submitted, a record of the hearing, the proposed decision and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right at its sole discretion to modify, deny, or adopt the proposed decision and recommendation of the Hearing Board.

G. If a Contractor has been debarred for a period longer than five (5) years, that Contractor may, after the debarment has been in effect for at least five (5) years, submit a written request for review of the debarment determination to reduce the period of debarment or terminate the debarment. County may, in its discretion, reduce the period of debarment or terminate the debarment if it finds that Contractor has

adequately demonstrated one or more of the following:
(1) elimination of the grounds for which the debarment was imposed; (2) a bona fide change in ownership or management; (3) material evidence discovered after debarment was imposed; or (4) any other reason that is in the best interests of County.

H. The Contractor Hearing Board will consider a request for review of a debarment determination only where (1) the Contractor has been debarred for a period longer than five (5) years; (2) the debarment has been in effect for at least five (5) years; and (3) the request is in writing, states one or more of the grounds for reduction of the debarment period or termination of the debarment, and includes supporting documentation. Upon receiving an appropriate request, the Contractor Hearing Board will provide notice of the hearing on the request. At the hearing, the Contractor Hearing Board shall conduct a hearing where evidence on the proposed reduction of debarment period or termination of debarment is presented. This hearing shall be conducted and the request for review decided by the Contractor Hearing Board pursuant to the same procedures as for a debarment hearing.

The Contractor Hearing Board's proposed decision

shall contain a recommendation on the request to reduce the period of debarment or terminate the debarment.

The Contractor Hearing Board shall present its proposed decision and recommendation to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board

I. These terms shall also apply to any subcontractors of County Contractors."

7. Paragraph 52, CONTRACTOR'S CHARITABLE ACTIVITIES COMPLIANCE, shall be added to the ADDITIONAL PROVISIONS as follows:

"52. CONTRACTOR'S CHARITABLE ACTIVITIES COMPLIANCE:

The Supervision of Trustees and Fundraisers for Charitable Purposes Act regulates entities receiving or raising charitable contributions. The "Nonprofit Integrity Act of 2004" (SB 1262, Chapter 919) increased Charitable Purposes Act requirements. By requiring Contractors to complete the certification in Exhibit C, the County seeks to ensure that all County contractors which receive or raise charitable contributions comply with California law in order to protect the County and its taxpayers. A Contractor which receives or raises charitable contributions without complying with its obligations under California law commits a material

breach subjecting it to either contract termination or
debarment proceedings or both. (County Code Chapter 2.202)"

8. Exhibit B and Schedules 2-A and 3-A shall be added to
Agreement as attached hereto and incorporated herein by
reference. Schedules 2 and 3 shall be replaced by Schedules 2-A
and 3-A, respectively.

9. Except for the changes set forth hereinabove, Agreement
shall not be changed in any respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County
of Los Angeles has caused this Amendment to be subscribed by its

/

/

/

/

/

/

/

/

/

/

/

/

/

/

Director of Health Services, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

GREAT BEGINNINGS FOR BLACK BABIES, INC.
Contractor

By _____
Signature

Print Name

Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT ADMINISTRATION:

Department of Health Services

By _____
Cara O'Neill, Chief
Contracts and Grants Division

AMDTCC2:iw:skd:10/14/05

AMENDMENT NO. 1

2. Agreement Paragraph 2, DESCRIPTION OF SERVICES, shall be

revised to read as follows:

"2. DESCRIPTION OF SERVICES: Contractor shall provide the services described in Exhibits A, A-1, and B, attached hereto and incorporated herein by reference."

3. Subparagraphs B and C of Agreement Paragraph 3, MAXIMUM OBLIGATION OF COUNTY, shall be revised to read as follows:

"B. During the period of July 1, 2005 through June 30, 2006, the maximum obligation of County for all services provided under this Agreement shall not exceed Four Hundred Eighty-Nine Thousand, Nine Hundred and Thirty-Eight Dollars (\$489,938). Of this amount, Three Hundred and Sixty-Seven Thousand, Eight Hundred and Ten Dollars (\$367,810) is for the period July 1, 2005 through June 30, 2006, and One Hundred and Twenty-Two Thousand and One Hundred and Twenty-Eight Dollars (\$122,128) is for the period from Board approval through June 30, 2006. This sum represents the total maximum obligation of County as shown in Schedule 2-A, attached hereto and incorporated herein by reference.

C. During the period commencing July 1, 2006 through June 30, 2007, the maximum obligation of County for all services provided under this Agreement shall not exceed Four Hundred Eighty-Nine Thousand, Nine Hundred Thirty-Eight Dollars (\$489,938). This sum represents the total maximum

obligation of County as shown in Schedule 3-A, attached hereto and incorporated herein by reference."

4. Subparagraph A of Agreement Paragraph 4, FUNDING/SERVICES ADJUSTMENTS AND RE-ALLOCATIONS, shall be revised to read as follows:

"4. FUNDING/SERVICES ADJUSTMENTS AND RE-ALLOCATIONS:

A. If sufficient monies are available from Federal, State, or County funding sources, and upon Director's or his/her authorized designee(s) specific written approval, County may require additional services and pass on to Contractor an increase to the applicable County maximum obligation as payment for such services, as determined by County. For the purposes of this provision, Director's authorized designee shall be the Chief of Operations, Public Health Programs and Services. If monies are reduced by Federal, State, or County funding sources, County may also decrease the applicable County maximum obligation of each fiscal year as determined by County. Such funding changes will not be retroactive, but will apply to future services following the provision of written notice from Director to Contractor. If such increase or decrease does not exceed fifteen percent (15%) of the applicable County maximum obligation, Director may

approve such funding changes. Director may also approve increases or decreases up to fifty percent (50%) of the Fiscal Year 2005-06 maximum obligation to accommodate available State funding levels and to reallocate funds among existing BIH contractors as necessary to ensure continuity of services, not to exceed available State funding, upon approval by County Counsel and notification to the Board. Director shall provide prior written notice of such funding changes to Contractor and to County's Chief Administrative Officer. If the increase or decrease exceeds fifteen percent (15%) of the applicable County maximum obligation for reasons other than those specified above, approval by County's Board of Supervisors shall be required. Any such change in any County maximum obligation shall be effected by an amendment to this Agreement pursuant to the ALTERATION OF TERMS Paragraph of this Agreement."

5. Agreement Paragraph 6, COMPENSATION, shall be revised to read as follows:

"6. COMPENSATION: County agrees to compensate Contractor for performing services hereunder for actual reimbursable net cost as set forth in Schedules 1, 2-A, and 3-A, and the BILLING AND PAYMENT Paragraph of the ADDITIONAL

PROVISIONS, attached hereto."

6. Paragraph 46, CONTRACTOR RESPONSIBILITY AND DEBARMENT, of the ADDITIONAL PROVISIONS shall be replaced in its entirety as follows:

"46. CONTRACTOR RESPONSIBILITY AND DEBARMENT:

A. A responsible Contractor is a Contractor who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity and experience to satisfactorily perform the contract. It is County's policy to conduct business only with responsible contractors.

B. Contractor is hereby notified that, in accordance with Chapter 2.202 of the County Code, if County acquires information concerning the performance of Contractor on this or other contracts, which indicates that Contractor is not responsible, County may, in addition to other remedies provided in the contract, debar Contractor from bidding or proposing on, or being awarded, and/or performing work on County contracts for a specified period of time, which generally will not exceed five (5) years or be permanent if warranted by the circumstances, and terminate any or all existing contracts Contractor may have with County.

C. County may debar Contractor if County's Board of Supervisors finds, in its discretion, that Contractor has done any of the following: (1) violated a term of a contract with County or a nonprofit corporation created by County, (2) committed an act or omission which negatively reflects on Contractor's quality, fitness or capacity to perform a contract with County, any other public entity, or a nonprofit corporation created by County, or engaged in a pattern or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or business honesty, or (4) made or submitted a false claim against County or any other public entity.

D. If there is evidence that Contractor may be subject to debarment, the Department will notify Contractor in writing of the evidence which is the basis for the proposed debarment and will advise Contractor of the scheduled date for a debarment hearing before the Contractor Hearing Board.

E. The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. Contractor and/or Contractor's representative shall be given an opportunity to submit

evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a tentative proposed decision, which shall contain a recommendation regarding whether contractor should be debarred, and if so, the appropriate length of time of the debarment. Contractor and the Department shall be provided an opportunity to object to the tentative proposed decision prior to its presentation to the Board of Supervisors.

F. After consideration of any objections, or if no objections are submitted, a record of the hearing, the proposed decision and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right at its sole discretion to modify, deny, or adopt the proposed decision and recommendation of the Hearing Board.

G. If a Contractor has been debarred for a period longer than five (5) years, that Contractor may, after the debarment has been in effect for at least five (5) years, submit a written request for review of the debarment determination to reduce the period of debarment or terminate the debarment. County may, in its discretion, reduce the period of debarment or

terminate the debarment if it finds that Contractor has adequately demonstrated one or more of the following:

(1) elimination of the grounds for which the debarment was imposed; (2) a bona fide change in ownership or management; (3) material evidence discovered after debarment was imposed; or (4) any other reason that is in the best interests of County.

H. The Contractor Hearing Board will consider a request for review of a debarment determination only where (1) the Contractor has been debarred for a period longer than five (5) years; (2) the debarment has been in effect for at least five (5) years; and (3) the request is in writing, states one or more of the grounds for reduction of the debarment period or termination of the debarment, and includes supporting documentation. Upon receiving an appropriate request, the Contractor Hearing Board will provide notice of the hearing on the request. At the hearing, the Contractor Hearing Board shall conduct a hearing where evidence on the proposed reduction of debarment period or termination of debarment is presented. This hearing shall be conducted and the request for review decided by the Contractor Hearing Board pursuant to the same procedures as for a debarment hearing.

The Contractor Hearing Board's proposed decision shall contain a recommendation on the request to reduce the period of debarment or terminate the debarment. The Contractor Hearing Board shall present its proposed decision and recommendation to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board

I. These terms shall also apply to any subcontractors of County Contractors."

7. Paragraph 52, CONTRACTOR'S CHARITABLE ACTIVITIES COMPLIANCE, shall be added to the ADDITIONAL PROVISIONS as follows:

"52. CONTRACTOR'S CHARITABLE ACTIVITIES COMPLIANCE:

The Supervision of Trustees and Fundraisers for Charitable Purposes Act regulates entities receiving or raising charitable contributions. The "Nonprofit Integrity Act of 2004" (SB 1262, Chapter 919) increased Charitable Purposes Act requirements. By requiring Contractors to complete the certification in Exhibit C, the County seeks to ensure that all County contractors which receive or raise charitable contributions comply with California law in order to protect the County and its taxpayers. A Contractor which receives or raises charitable contributions without complying with

its obligations under California law commits a material breach subjecting it to either contract termination or debarment proceedings or both. (County Code Chapter 2.202)"

8. Exhibit B and Schedules 2-A and 3-A shall be added to Agreement as attached hereto and incorporated herein by reference. Schedules 2 and 3 shall be replaced by Schedules 2-A and 3-A, respectively.

9. Except for the changes set forth hereinabove, Agreement shall not be changed in any respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its

/

/

/

/

/

/

/

/

/

/

/

/

/

Director of Health Services, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

THE CHILDREN'S COLLECTIVE, INC.
Contractor

By _____
Signature

Print Name

Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT ADMINISTRATION:

Department of Health Services

By _____
Cara O'Neill, Chief
Contracts and Grants Division

AMDTCC2:iw:skd:10/14/05

Contract No. _____

BLACK INFANT HEALTH PROGRAM SERVICES
IN LOS ANGELES COUNTY AGREEMENT

AMENDMENT NO. 1

THIS AMENDMENT is made and entered into this _____ day
of _____, 2005,

by and between

COUNTY OF LOS ANGELES
(hereafter "County"),

and

_____.

WHEREAS, reference is made to that certain document entitled
"BLACK INFANT HEALTH PROGRAM SERVICES IN LOS ANGELES COUNTY
AGREEMENT", dated June 15, 2004, and further identified as County
Agreement No. _____ (hereafter "Agreement"); and

WHEREAS, it is the intent of the parties hereto to amend
Agreement, to add Board-mandated language and to make other
hereafter described changes; and

WHEREAS, said Agreement provides that changes may be made in
the form of a written amendment which is formally approved and
executed by the parties.

NOW, THEREFORE, the parties hereto agree as follows:

1. This Amendment shall be effective on the date of
approval by the Board of Supervisors.

2. Subparagraph A of Agreement Paragraph 4, FUNDING/SERVICES ADJUSTMENTS AND RE-ALLOCATIONS, shall be revised to read as follows:

"4. FUNDING/SERVICES ADJUSTMENTS AND RE-ALLOCATIONS:

A. If sufficient monies are available from Federal, State, or County funding sources, and upon Director's or his/her authorized designee(s) specific written approval, County may require additional services and pass on to Contractor an increase to the applicable County maximum obligation as payment for such services, as determined by County. For the purposes of this provision, Director's authorized designee shall be the Chief of Operations, Public Health Programs and Services. If monies are reduced by Federal, State, or County funding sources, County may also decrease the applicable County maximum obligation of each fiscal year as determined by County. Such funding changes will not be retroactive, but will apply to future services following the provision of written notice from Director to Contractor. If such increase or decrease does not exceed fifteen percent (15%) of the applicable County maximum obligation, Director may approve such funding changes. Director may also approve increases or decreases up to fifty percent

(50%) of the Fiscal Year 2005-06 maximum obligation to accommodate available State funding levels and to reallocate funds among existing BIH contractors as necessary to ensure continuity of services not to exceed available State funding, upon approval by County Counsel and notification to the Board. Director shall provide prior written notice of such funding changes to Contractor and to County's Chief Administrative Officer. If the increase or decrease exceeds fifteen percent (15%) of the applicable County maximum obligation for reasons other than those specified above, approval by County's Board of Supervisors shall be required. Any such change in any County maximum obligation shall be effected by an amendment to this Agreement pursuant to the ALTERATION OF TERMS Paragraph of this Agreement."

3. Paragraph 46, CONTRACTOR RESPONSIBILITY AND DEBARMENT, of the ADDITIONAL PROVISIONS shall be replaced in its entirety as follows:

"46. CONTRACTOR RESPONSIBILITY AND DEBARMENT:

A. A responsible Contractor is a Contractor who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity and experience to satisfactorily perform the contract. It is County's

policy to conduct business only with responsible contractors.

B. Contractor is hereby notified that, in accordance with Chapter 2.202 of the County Code, if County acquires information concerning the performance of Contractor on this or other contracts, which indicates that Contractor is not responsible, County may, in addition to other remedies provided in the contract, debar Contractor from bidding or proposing on, or being awarded, and/or performing work on County contracts for a specified period of time, which generally will not exceed five (5) years or be permanent if warranted by the circumstances, and terminate any or all existing contracts Contractor may have with County.

C. County may debar Contractor if County's Board of Supervisors finds, in its discretion, that Contractor has done any of the following: (1) violated a term of a contract with County or a nonprofit corporation created by County, (2) committed an act or omission which negatively reflects on Contractor's quality, fitness or capacity to perform a contract with County, any other public entity, or a nonprofit corporation created by County, or engaged in a pattern

or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or business honesty, or (4) made or submitted a false claim against County or any other public entity.

D. If there is evidence that Contractor may be subject to debarment, the Department will notify Contractor in writing of the evidence which is the basis for the proposed debarment and will advise Contractor of the scheduled date for a debarment hearing before the Contractor Hearing Board.

E. The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. Contractor and/or Contractor's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a tentative proposed decision, which shall contain a recommendation regarding whether contractor should be debarred, and if so, the appropriate length of time of the debarment. Contractor and the Department shall be provided an opportunity to object to the tentative proposed decision prior to its presentation to the Board of Supervisors.

F. After consideration of any objections, or if no objections are submitted, a record of the hearing, the proposed decision and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right at its sole discretion to modify, deny, or adopt the proposed decision and recommendation of the Hearing Board.

G. If a Contractor has been debarred for a period longer than five (5) years, that Contractor may, after the debarment has been in effect for at least five (5) years, submit a written request for review of the debarment determination to reduce the period of debarment or terminate the debarment. County may, in its discretion, reduce the period of debarment or terminate the debarment if it finds that Contractor has adequately demonstrated one or more of the following: (1) elimination of the grounds for which the debarment was imposed; (2) a bona fide change in ownership or management; (3) material evidence discovered after debarment was imposed; or (4) any other reason that is in the best interests of County.

H. The Contractor Hearing Board will consider a request for review of a debarment determination only

where (1) the Contractor has been debarred for a period longer than five (5) years; (2) the debarment has been in effect for at least five (5) years; and (3) the request is in writing, states one or more of the grounds for reduction of the debarment period or termination of the debarment, and includes supporting documentation. Upon receiving an appropriate request, the Contractor Hearing Board will provide notice of the hearing on the request. At the hearing, the Contractor Hearing Board shall conduct a hearing where evidence on the proposed reduction of debarment period or termination of debarment is presented. This hearing shall be conducted and the request for review decided by the Contractor Hearing Board pursuant to the same procedures as for a debarment hearing.

The Contractor Hearing Board's proposed decision shall contain a recommendation on the request to reduce the period of debarment or terminate the debarment. The Contractor Hearing Board shall present its proposed decision and recommendation to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board

I. These terms shall also apply to any

subcontractors of County Contractors."

4. Paragraph 52, CONTRACTOR'S CHARITABLE ACTIVITIES COMPLIANCE, shall be added to the ADDITIONAL PROVISIONS as follows:

"52. CONTRACTOR'S CHARITABLE ACTIVITIES COMPLIANCE:

The Supervision of Trustees and Fundraisers for Charitable Purposes Act regulates entities receiving or raising charitable contributions. The "Nonprofit Integrity Act of 2004" (SB 1262, Chapter 919) increased Charitable Purposes Act requirements. By requiring Contractors to complete the certification in Exhibit C, the County seeks to ensure that all County contractors which receive or raise charitable contributions comply with California law in order to protect the County and its taxpayers. A Contractor which receives or raises charitable contributions without complying with its obligations under California law commits a material breach subjecting it to either contract termination or debarment proceedings or both. (County Code Chapter 2.202)"

5. Except for the changes set forth hereinabove, Agreement shall not be changed in any respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its

/

/

Director of Health Services, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

Contractor

By _____
Signature

Print Name

Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT ADMINISTRATION:

Department of Health Services

By _____
Cara O'Neill, Chief
Contracts and Grants Division

AMDTCC2:iw:skd:10/14/05